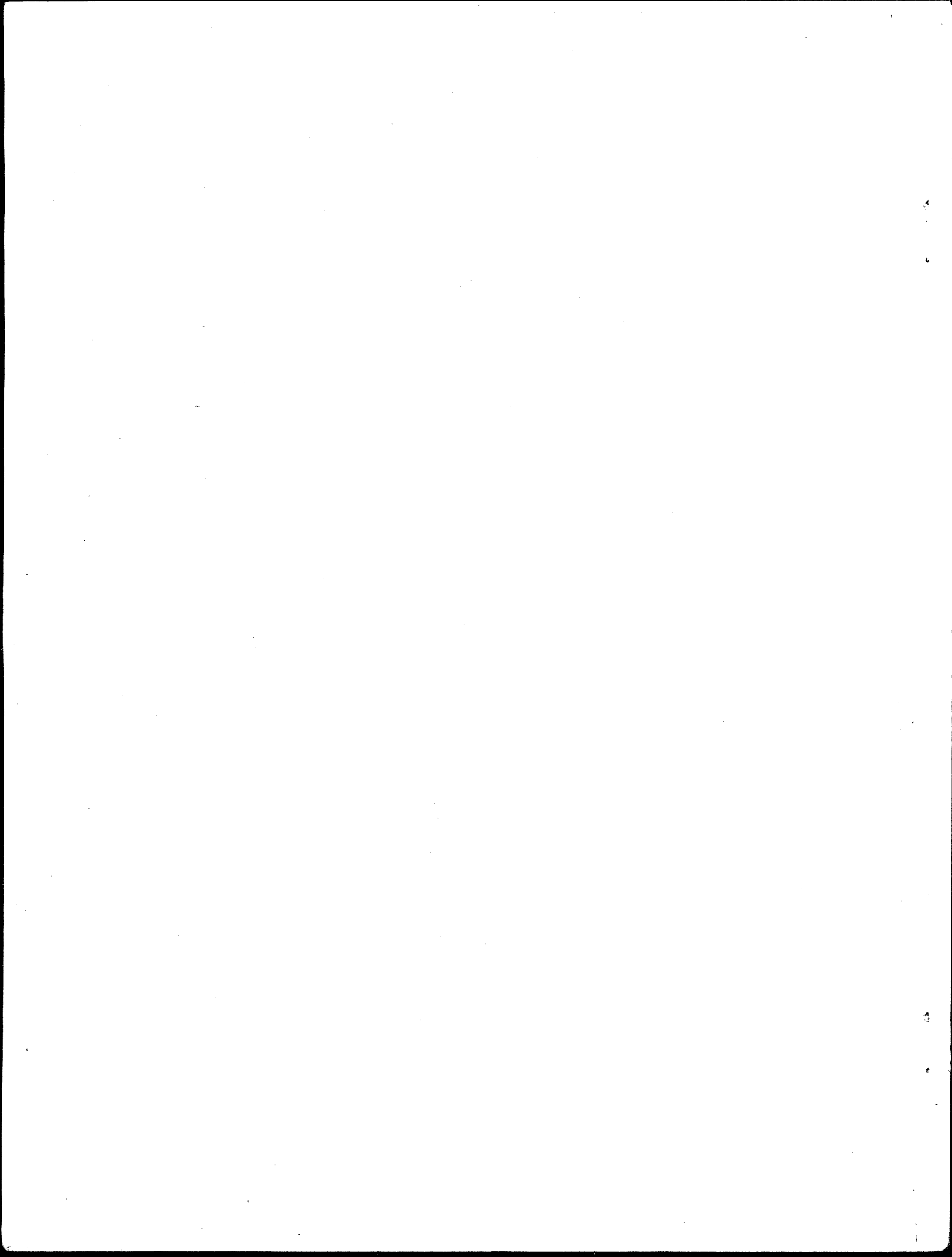


NATIONAL SURVEY OF  
COUNSELING CENTER DIRECTORS  
1992

International Association of Counseling Services, Inc.  
An Accrediting Association  
101 South Whiting Street, Suite 211, Alexandria, Va 22304  
(203) 823-9840



NATIONAL SURVEY OF  
COUNSELING CENTER DIRECTORS

1992

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SERIES NUMBER 8b

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Copies of this monograph may be ordered directly from the International Association of Counseling Services, 101 South Whiting Street, Suite 211, Alexandria, VA 22304. The cost of the monograph is \$10 for survey participants and \$15 for all others. All orders must include payment.

# IACS MONOGRAPH SERIES

The publisher of this monograph, The International Association of Counseling Services (IACS), is an affiliate of the American Association for Counseling and Development.

As the accrediting agency for counseling centers in a wide variety of settings, the primary objective for the Association is the maintenance of quality service delivery. The basic purposes of the Association are to encourage and aid counseling centers and agencies to meet high professional standards, to inform the public about those that are competent and reliable, and to foster communication among the centers and the agencies.

Titles in The Professional Series are selected to meet the needs of the members.

*B. Mark Schoenberg, Series Editor*



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## OVERVIEW

The National Survey of Counseling Center Directors has been conducted since 1981 and includes data provided by the administrative heads of college and university counseling centers in the United States and Canada. It began as a project of the Urban Task Force of the Association of University and College Counseling Center Directors and is now a joint endeavor of AUCCCD and the International Association of Counseling Services.

The survey attempts to stay abreast of current trends in counseling centers, and to provide counseling center directors with ready access to the opinions and solutions of colleagues to problems and challenges in the field. The areas addressed cover a range of concerns including budgeting, innovative programming, confidentiality waiting lists, and a number of other administrative, ethical and clinical issues.

For comparative purposes the responses of the participating directors are broken down by urban and non-urban centers and, for the first time this year, data are provided for small, medium and large institutions. Total sample data are also provided.

Responses to certain items are coded, allowing opportunity for directors to contact colleagues for further information on programs or initiatives that they have undertaken. A directory of all participants is provided to assist with these networking opportunities.

The 1992 survey includes data provided by directors from 298 counseling centers, representing institutions from 45 states, 4 provinces, and one response from a center in Germany.



## SURVEY HIGHLIGHTS 1992

N=299

Considering total data only it was noted that

- 7.4% of centers charge students for personal counseling generating anywhere from \$3,800 to \$10,500. Only 5% of schools charge for career counseling but 26.5% now charge for career testing (Item 1)
- 5.4% of centers collect third party payments, and 26.5% are supported by a mandatory fee. Other income producing activities are reported (Items 2,3,4,5)
- 54.7% of centers took budget cuts in 1991-92. Effects of cuts are noted (Items 6 & 7)
- Centers provide, on average, \$530 per counselor for professional development (Item 8)
- 32% of centers run a major testing program on campus, bringing in, on average, \$15,000 per center. About 1/3 of these centers bring in enough money to support other counseling programs as well as testing (Items 9 & 10)
- For the first time in ten years counseling centers reported more losses than gains in staff positions (Items 11 & 12)
- For the past three years the ratio of female to male hires has been 2 to 1. Salary data is provided (Item 13)
- During the past year 82% of centers hospitalized students for psychological reasons. 63.8% had to warn a third party about a suicidal student, and 24.2% gave Tarasoff type warnings (all up slightly from last year) (Items 14, 16, 17)
- 22 centers (7.4%) reported at least one client suicide last year; 58 centers (19.5% had a client suicide in the past 5 years. Legal action has been taken against 3 of these centers (Item 15)
- 69 centers have policies on what should or should not be included in casenotes to protect against court ordered opening of records. A listing of centers is provided (Item 18)
- Information is provided on how centers respond to FBI requests for information (Item 19)
- 24% of centers had records subpoenaed (up 7% from 1991). 76% complied with the subpoenas, and in 24% of the cases counselors had to appear in court. Examples are provided (Items 20-24)

- 9% of responding directors have made court appearances in the past 5 years. Examples provided (Item 25)
- 5 centers have had lawsuits in the past year. Examples provided (Item 26)
- Directors from 9 states report that a law has been passed making it mandatory for a counselor to inform a state agency if a client reports having had sex with a previous therapist. (not verified) Only 24% of directors are in favor of such a law, a 9% drop since 1990. Male directors (41%) are more opposed than female directors (29%) (Items 27 & 28)
- 8% of directors disciplined or terminated an employee last year for unethical practices, 34% reported other ethical dilemmas. Examples provided (Items 29 & 30)
- The number of clients coming to centers because of sexual exploitation by other therapists is down from 20% to 14% since 1989, but sexual exploitation by faculty members or other students has increased (Item 31)
- 87% of directors report an increase of students with severe psychological problems; up 5% since 1991, 13% since 1990, and 31% since 1988. Other major concerns are reported (Item 32)
- 24.5% of centers collect data on whether counseling helps students remain in school. On average 49% of clients respond positively to this question. It is powerful retention data and other schools are encouraged to collect it. (Item 35)
- The number of centers that have no limit on the number of counseling sessions allowed dropped 7% since 1991. 20% of centers are considering going to a time limited system (Item 36, 38)
- 16% of centers refer bulimia students out; 38% refer anorexia students out (Item 40)
- Seeing some students every other week, increasing outside referrals, and time-limited counseling were the most popular tactics listed for addressing waiting list problems (Item 42)
- 28% of directors provide over 15 clinical hours per week, 23% provide 11-15 hours, 27% 6-10 hours, 19% 1-5 hours, and 3% provide no clinical hours (Item 43)
- 22 to 27 counseling hours is considered to be a full case load for staff in 60% of centers (Item 44)
- 34% of directors report facing major threats to their center. 80 centers have serious budget problems and are in danger of being eliminated, 13 face mergers and 4 are considering contracting out for counseling services (Item 45)

- 39% of centers have a psychiatrist on staff. Functions performed by psychiatrists are listed (Items 47-49))
- A comparison of directors and chief student affairs officers to questions about the sharing of counseling information is provided (Items 50 & 51)
- 66% of directors suggest that giving students the option on an intake form is the best solution to the problem of letting a referral source know whether a student has kept their counseling appointment (Item 52)
- 29% of centers in the past year have diagnosed at least one client as having a multiple personality disorder. 19% reported an increase in this disorder and most, (64%), do not treat MPD at their centers (Items 54-56)
- 91% of center's report an increase in the number of students reporting childhood sexual abuse; 87% believe that these students have more serious psychological problems than other students; 39% ran groups for these clients, and 58% provide examples of special initiatives that have been taken to respond to sexually traumatized clients (Items 57-61)
- 24% of centers have part-time counselors to help with case loads, and provide other services. Most pay these counselors \$20 an hour or less (Item 62-64)
- Only 11% of directors believe it is best to have a specifically assigned counselor for gay/lesbian/bisexual students (Item 71)
- During the past year 71% of directors sought advice from other centers, and 25% brought in outside consultants. Directors with consultation expertise or who are willing to provide workshops are provided (Items 72-76)
- On average, 76% of staff clinical time is devoted to personal counseling, 13.6% to career counseling, and 7.7% to academic counseling (Item 77)
- 84% of directors are quite happy or extremely happy with their work (Item 78)
- Limited resources (60%) creates the major source of stress for directors, but lack of understanding by administrators (40%), staff conflicts with each other (32%) and uncooperative staff (20%) are also problematic. 9.4% of directors also indicate they have impaired staff (Item 79)
- 69.5% of centers collect written evaluations from clients. Most are either mailed to clients or given to clients by the secretary. At 36 schools, however, the counselor hands the

form directly to clients and in eight cases the forms are returned directly to the counselor (Items 81 & 82)

- Counselor ratings over succeeding years seem to remain fairly stable. When there is a significant improvement or decrease in ratings it is most often related to a decline or increase in personal stress (Item 83 & 84)
- Directors responses are provided as to when they might have to break confidentiality with an HIV positive client. (Item 85)
- Directors report that there are 4 states that have laws that permit psychotherapists to warn identifiable partners of HIV positive clients in limited circumstances. 54% of directors are in favor of such legislation (Items 88 & 89)
- 75% of reporting institutions have a Learning Skills Center on campus. Basic functions of centers are provided (Items 91-93)
- 70% of directors believe that sexual attractions toward a client is still a taboo topic in the field (Item 98)
- The following data are provided in the appendices
  - A. Examples of unethical practices
  - B. Ethical questions posed by directors
  - C. Innovative programs
  - D. Projects aimed at student retention
  - E. Initiatives on behalf of sexually abused clients
  - F. Directors willing to make a presentation or offer a workshop

## SUMMARY DATA

Raw data reported outside brackets (frequency data inside)

	(24 schools did not designate urban/non-urban)		(23 schools did not designate size)					
	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15,000 (n=75)	>15,000 (n=87)	TOTAL (N=298)	COMMENTS	
1. Centers that charge a fee for personal counseling to:							Income generated	
a) students	16 (10.0%)	5 (4.4%)	2 (1.8%)	5 (6.7%)	12 (13.8%)	22 (7.4%)	\$3,800-10,500	
b) faculty/staff	11 (6.9%)	5 (4.4%)	1 (0.9%)	7 (9.3%)	7 (8.05%)	17 (5.7%)	\$50-20,000	
c) alumni	11 (6.9%)	4 (3.5%)	4 (3.5%)	5 (6.7%)	5 (5.75%)	15 (5.0%)	\$50-300	
d) community	13 (8.1%)	9 (7.9%)	9 (8.0%)	6 (8.0%)	6 (6.9%)	23 (7.7%)	\$20-30,000	
Centers that charge a fee for career counseling to:								
e) students	9 (5.6%)	4 (3.5%)	3 (2.65%)	6 (8.0%)	6 (6.9%)	15 (5.0%)	\$1,500-10,000	
f) faculty/staff	10 (6.25%)	3 (2.6%)	0 (0.0%)	7 (9.3%)	6 (6.9%)	14 (4.7%)	\$8-2,500	
g) alumni	25 (15.6%)	7 (6.1%)	6 (5.3%)	13 (17.3%)	12 (13.8%)	33 (11.1%)	\$100-27,000	
h) community	30 (18.75%)	10 (8.8%)	14 (12.4%)	17 (22.7%)	8 (9.2%)	41 (13.8%)	\$100-9,550	
Centers that charge a fee for:								
i) career testing	50 (31.25%)	22 (19.3%)	21 (18.6%)	29 (38.7%)	25 (28.7%)	79 (26.5%)	\$10-5,000	
j) personality testing	35 (21.9%)	9 (7.9%)	10 (8.85%)	15 (20.0%)	23 (26.4%)	50 (16.8%)	\$10-8,228	
2. Centers that collect 3rd party payments:	8 (5.0%)	7 (6.1%)	1 (0.9%)	6 (8.0%)	7 (8.05%)	16 (5.4%)		
3. Centers that are supported by a mandatory fee:	50 (31.25%)	25 (21.9%)	19 (16.8%)	22 (29.3%)	32 (36.8%)	79 (26.5%)	Up 2% from 1991	
4. Percentage of budget covered by mandatory fee (percentages based on responses to item 3):								
a) 75-100%	27 (54.0%)	11 (44.0%)	10 (52.6%)	12 (54.55%)	16 (50.0%)	40 (50.6%)		
b) 50-74%	3 (6.0%)	5 (20.0%)	0 (0.0%)	3 (13.6%)	5 (15.6%)	9 (11.4%)		
c) 25-49%	7 (14.0%)	4 (16.0%)	2 (10.5%)	3 (13.6%)	5 (15.6%)	11 (13.9%)		
d) less than 25%	9 (18.0%)	3 (12.0%)	4 (21.05%)	3 (13.6%)	4 (12.5%)	12 (15.2%)		
5. Centers that charge a fee for the following:							Income generated	
a) structured groups	12 (7.5%)	1 (0.9%)	1 (0.9%)	5 (6.7%)	6 (6.9%)	14 (4.7%)	\$100-10,000	
b) Psych assessment for external groups	20 (12.5%)	7 (6.1%)	11 (9.7%)	7 (9.3%)	11 (12.6%)	32 (10.7%)	\$50-4,000	
c) workshops	13 (8.6%)	2 (1.75%)	3 (2.65%)	6 (8.0%)	6 (6.9%)	15 (5.0%)	\$300-5,000	
d) teaching salary comes back to center	7 (4.4%)	8 (7.0%)	4 (3.5%)	5 (6.7%)	5 (5.75%)	15 (5.0%)	\$1,500-15,000	
e) SIGI/DISCOVER/etc.	10 (6.25%)	5 (4.4%)	5 (4.4%)	3 (4.0%)	6 (6.9%)	15 (5.0%)	\$100-2,500	
f) consulting to on-campus units	8 (5.0%)	4 (3.5%)	2 (1.8%)	3 (4.0%)	8 (9.2%)	14 (4.7%)	\$150-7,500	
g) consulting off campus	20 (12.5%)	15 (13.2%)	16 (14.2%)	10 (13.3%)	9 (10.3%)	37 (12.4%)	\$100-23,000	
h) other income generating activities: learning disabilities testing; charge for appointments with consulting psychologist; contracted services to students from other schools; psychiatric evaluations; charge for emergency/on call services; no shows and late cancellations; professional development workshops; charge to legal firms for client records, depositions, etc; sell books edited by center.								

	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15,000 (n=75)	>15,000 (n=87)	TOTAL (N=298)	COMMENTS
6. Centers that took a budget cut in 91-92:	85 (53.1%)	59 (51.75%)	60 (53.1%)	40 (53.3%)	52 (59.8%)	163 (54.7%)	
7. Budget cuts affected centers in these ways							
a) reduced staff	41 (48.2%)	26 (44.1%)	24 (40.0%)	20 (50.0%)	28 (53.85%)	78 (47.85%)	Percentages based on responses to item 6.
b) little or no salary increases	48 (56.5%)	32 (54.2%)	28 (46.7%)	18 (45.0%)	38 (73.1%)	90 (55.2%)	
c) reduction in salaries	5 (5.9%)	5 (8.5%)	4 (6.7%)	3 (7.5%)	3 (5.8%)	12 (7.4%)	
d) reduced other costs budget	58 (68.2%)	41 (69.5%)	41 (68.3%)	27 (67.5%)	34 (65.4%)	111 (68.1%)	
e) other	12 (14.1%)	10 (16.95%)	8 (13.3%)	6 (15.0%)	8 (15.4%)	23 (14.1%)	
Other reductions were noted in travel, interns, fringe benefits, work-study money, training, and supplies. Several centers had hiring freezes, gave staff time off without pay, or in one case replaced a regular counselor with a contractual counselor.							
8. Average amount of money provided to counselors for professional development	\$527.97	\$553.67	\$541.44	\$571.37	\$471.39	\$531.53	
9. Centers that run major testing programs:	49 (30.6%)	39 (34.2%)	26 (23.0%)	32 (42.7%)	30 (34.5%)	95 (31.9%)	Range \$100-110,000 Mean = \$15,089
10. Income from these major testing programs: (percentages based on responses to item 9)							Several directors state that money goes into general fund & they can't get needed increases in testing budgets.
a) is used to support testing services	9 (18.4%)	7 (17.95%)	0 (0.0%)	5 (15.6%)	10 (33.3%)	17 (17.9%)	
b) supports testing program plus other Center programs	17 (34.7%)	11 (28.2%)	7 (26.9%)	13 (40.6%)	9 (30.0%)	30 (31.6%)	
c) goes back into general fund	10 (20.4%)	6 (15.4%)	9 (34.6%)	5 (15.6%)	3 (10.0%)	19 (20.0%)	
d) other	2 (4.1%)	2 (5.1%)	2 (7.7%)	0 (0.0%)	1 (3.3%)	4 (4.2%)	
e) some combination of a through d	6 (12.2%)	3 (7.7%)	1 (3.85%)	5 (15.6%)	3 (10.0%)	10 (10.5%)	
11. Centers having gained positions in past year							This is the first year in the 10 yrs that this question has been asked that lost positions outnumbered gained positions.
a) professional	23 (14.4%)	20 (17.7%)	15 (13.3%)	14 (18.7%)	14 (16.1%)	47 (15.8%)	
b) clerical	6 (3.75%)	7 (6.2%)	7 (6.2%)	3 (4.0%)	4 (4.6%)	15 (5.0%)	
c) graduate assistant or 1/2 time intern	13 (8.1%)	9 (7.9%)	12 (10.6%)	3 (4.0%)	6 (6.9%)	22 (7.4%)	
d) full time intern	7 (4.4%)	8 (7.1%)	6 (5.3%)	6 (8.0%)	4 (4.6%)	16 (5.4%)	
12. Centers having lost positions in past year							
a) professional	33 (20.6%)	21 (18.6%)	18 (15.9%)	16 (21.3%)	26 (29.9%)	64 (21.5%)	
b) clerical	16 (10.0%)	8 (7.0%)	10 (8.85%)	6 (8.0%)	12 (13.8%)	30 (10.1%)	
c) graduate assistant or 1/2 time intern	10 (6.25%)	2 (1.75%)	3 (2.65%)	4 (4.6%)	5 (5.75%)	15 (5.0%)	
d) full time intern	0 (0.0%)	2 (1.75%)	1 (0.9%)	2 (2.3%)	2 (2.3%)	6 (2.0%)	
13. Average salaries for professional staff hired in the past year:							
	Minority Male	Minority Female	Caucasian Male	Caucasian Female			
a) Director	N/A	51,333 (n=3)	44,170 (n=10)	46,983 (n=6)			If this data is indicative of a trend, Counseling Centers are going to be staffed predominantly by women. 105 of the new hires were women (27 were minority). 48 of the new hires were men (5 were minority). This 2 to 1 ratio of hires was also true in 1990 and 1991.
b) Training director	N/A	N/A	36,500 (n=1)	N/A			
c) Assistant or assoc. director	37,000 (n=1)	36,667 (n=3)	43,000 (n=2)	39,617 (n=4)			
d) Ph.D. and experience	N/A	37,725 (n=6)	35,695 (n=7)	37,095 (n=15)			
e) New doctorate	30,000 (n=1)	31,656 (n=5)	31,767 (n=10)	31,216 (n=21)			
f) A.B.D.	33,200 (n=2)	30,250 (n=2)	29,167 (n=6)	27,000 (n=7)			
g) MA and experience	N/A	29,958 (n=4)	30,802 (n=4)	27,819 (n=14)			
h) New MA	N/A	27,000 (n=1)	23,000 (n=2)	27,055 (n=2)			
i) MSW and experience	N/A	24,600 (n=2)	24,000 (n=1)	30,305 (n=10)			
j) New MSW	28,000 (n=1)	22,000 (n=1)	N/A	N/A			
k) Associate	N/A	N/A	N/A	N/A			
l) Other	N/A	N/A	N/A	17,125 (N=2)			

	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15000 (n=75)	>15,000 (n=87)	TOTAL (N=298)	COMMENTS
14. Centers which have hospitalized students for psychological reasons in the past year	121 (75.6%)	100 (88.5%)	93 (82.3%)	59 (78.7%)	73 (83.9%)	245 (82.2%)	# of students hospitalized: Range 1 to 42 Mean = 5.75
15. Centers reporting a client suicide:							
a) in the past year	12 (7.5%)	9 (7.9%)	4 (3.5%)	5 (6.7%)	12 (13.8%)	22 (7.4%)	Mean = 1.1
b) in the past five years	25 (15.6%)	28 (24.8%)	18 (15.9%)	12 (16.0%)	25 (28.7%)	58 (19.5%)	Mean = 1.54
Legal action taken against center related to these suicides:	2 (8.0%)	0 (0.0%)	1 (5.5%)	0 (0.0%)	2 (8.0%)	3 (5.2%)	
16. Centers which had to notify 3rd party about potentially suicidal student in past year	92 (57.5%)	79 (69.9%)	82 (72.6%)	49 (65.3%)	49 (56.3%)	190 (63.8%)	Range 1-25 Mean = 3.97 Up 5% since 1991
17. Centers which had to warn 3rd party in past year about a student who posed danger to another person	33 (20.6%)	34 (29.8%)	27 (23.9%)	16 (21.3%)	24 (27.6%)	72 (24.2%)	Mean = 1.65 Up 5% since 1991
18. Centers that have policies on what should and should not be included in case notes to protect against court ordered opening of records	35 (21.9%)	25 (21.9%)	24 (21.2%)	15 (20.0%)	28 (32.2%)	69 (23.2%)	
Center ID numbers: 001,003,007,010,011,014,017,020,035,045,054,055,059,064,071,074,080,089,090,102,103,106,109,111,113,117,118,120,124,126,135,137,138,139,151,155,161,163,164,166,167,169,174,181,195,198,200,203,205,208,214,221,224,234,242,244,247,252,256,263,269,270,272,275,281,283,286,292,298.							
19. Centers that respond to FBI request for client records in the following manner:							
a) copy of file is provided	10 (6.25%)	6 (5.3%)	6 (5.3%)	6 (8.0%)	7 (8.0%)	21 (7.0%)	
b) agent is allowed to read file in center	10 (6.25%)	9 (7.9%)	5 (4.4%)	4 (5.3%)	11 (12.6%)	20 (6.7%)	
c) a verbal report is given to agent	31 (19.4%)	32 (28.1%)	26 (23.0%)	16 (21.3%)	24 (27.6%)	74 (24.8%)	
d) records made available only if request is made directly to center by client	62 (38.75%)	32 (28.1%)	43 (38.1%)	25 (33.3%)	26 (29.9%)	99 (33.2%)	
e) no access provided even at the request of the client	10 (6.25%)	8 (7.0%)	9 (8.0%)	4 (5.3%)	4 (4.6%)	20 (6.7%)	
f) other: Several centers avoid this by keeping no records; a large number of centers provide summaries only, some contact clients to make sure release was not pressured, some refer to general counsel, some give verbal reports only, some give access only if the client poses a risk to national security and several will provide information only if release is signed on the center's own release form. (In the latter case some FBI agents get copies of center forms and copy them to use when they are doing a background check.)							
20. Centers where records or counselors have been subpoenaed in the past year	40 (25.0%)	23 (20.2%)	19 (16.8%)	19 (25.3%)	25 (28.7%)	72 (24.2%)	Range 1-6 Mean = 1.81  Up 7% since 1991
21. Centers who had to comply with a subpoena: (percentages based on responses to item 20)	32 (80.0%)	16 (69.6%)	15 (78.95%)	11 (57.9%)	21 (84.0%)	55 (76.4%)	
22. Records from subpoena were used: (percentages based on responses to item 20)							
a) in support of a claim by center client	23 (57.5%)	13 (56.5%)	10 (52.6%)	12 (63.2%)	16 (64.0%)	43 (59.7%)	
b) against center client	13 (32.5%)	5 (21.7%)	9 (47.4%)	2 (10.5%)	6 (24.0%)	20 (27.8%)	

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	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15000 (n=75)	>15,000 (n=87)	TOTAL (N=298)	COMMENTS
23. Counselors who had to appear in court as a result of a subpoena (percentages based on responses to item 20)	9 (22.5%)	7 (30.4%)	3 (15.8%)	5 (26.3%)	7 (28.0%)	17 (23.6%)	
24. Examples of subpoenas: 8 subpoenas involved sexual assault issues, (victims and perpetrators); 3 sexual harassment cases; 3 suits against schools for not protecting daughter against sexual assault; 4 child custody & 3 child abuse cases (In one case director required to read verbatim excerpts in court); 7 claims of stress or PTSD following accidents; 4 divorce cases; 1 wrongful firing; others included involuntary hospitalization of violent student, social security cases, suits by clients against others for causing emotional problems.							
25. Center directors who have had to appear in court in past five years	16 (10.0%)	11 (9.6%)	7 (6.2%)	7 (9.3%)	10 (11.5%)	28 (9.4%)	
Examples of why a court appearance was necessary: Student sued for room & board refund. Counseling Center named in suit; several directors took subpoenaed records to court and required judges to order them to turn over the record; commitment proceedings; on behalf of clients accused of varied crimes; inquest into death of drug dealer; grievance by staff member; defense witness for staff member accused of malpractice; advocate of sexual assault victims; to help university attorney select a jury; assessments, evaluations, professional judgements; child abuse allegations; to have a manic student transferred to parent.							
26. Centers that have had lawsuits against them in past year	3 (1.9%)	0 (0.0%)	1 (0.9%)	1 (1.3%)	3 (3.4%)	5 (1.7%)	
Nature of suits filed: counselor filed a breach of ethics claim against the director - it failed; student not readmitted from medical leave at the time he wanted to come back; client threatened legal action if we did not destroy her records - we reduced her record to a summary; unethical behavior by counselor; duty to warn/prediction of violent behavior.							
27. Directors who report that their state has passed a law making it mandatory for a counselor to inform a state agency if a client reports having had sex with a previous therapist.	17 directors from 9 different states indicated that such a law existed, but other directors from the same states said no, or were unsure. No way to verify accuracy of these responses. States that were reported to have policy: CA, CO, FL, IN, ME, MN, MO, TX, WI.						
28. Directors' feelings about such a law:							Male directors (41%) are more opposed to law than female directors (29%).
a) Those opposed	60 (37.5%)	41 (36.0%)	38 (33.6%)	29 (38.7%)	27 (31.0%)	104 (34.9%)	
b) Those in favor	32 (20.0%)	29 (25.4%)	25 (22.1%)	17 (22.7%)	25 (28.7%)	72 (24.2%)	
c) Those who are ambivalent	60 (37.5%)	40 (35.1%)	44 (38.9%)	26 (34.7%)	30 (34.5%)	110 (36.9%)	
29. Directors who had to discipline/terminate a counselor or intern in past year due to unethical practices	8 (5.0%)	12 (10.5%)	9 (8.0%)	9 (12.0%)	5 (5.7%)	24 (8.1%)	See Appendix A for examples of these practices
30. Directors who experienced any other legal/ethical dilemma in the past year	54 (33.75%)	42 (36.8%)	39 (34.5%)	26 (34.7%)	28 (32.2%)	100 (33.6%)	See Appendix B for listing of ethical dilemmas
31. Directors who have had students come to their center in the past year because of sexual exploitation or harassment by:							
a) another therapist	25 (15.6%)	13 (11.4%)	6 (5.3%)	12 (16.0%)	20 (23.0%)	42 (14.1%)	Down 6% since 1989
b) faculty member or supervisor	103 (64.4%)	76 (66.7%)	74 (65.5%)	55 (73.3%)	56 (64.4%)	200 (67.1%)	Up 10% since 1989
c) another student	130 (81.25%)	102 (89.5%)	98 (86.7%)	66 (88.0%)	72 (82.8%)	255 (85.6%)	Up 20% since 1989



	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15000 (n=75)	>15,000 (n=87)	TOTAL (N=298)	COMMENTS
32. Center concerns at the present time							
a) waiting list problems	71 (44.4%)	51 (44.7%)	35 (31.0%)	43 (57.3%)	49 (56.3%)	135 (45.3%)	Up 7% in past year
b) increase in numbers of students with severe psychological problems	134 (83.75%)	103 (90.3%)	100 (88.5%)	65 (86.7%)	77 (88.5%)	260 (87.2%)	The number of students with severe psychological problems is up 5% since 1991, up 13% since 1990, and up 31% since 1988.
c) difficulty in filling groups	94 (58.75%)	71 (62.3%)	73 (64.6%)	45 (60.0%)	45 (51.7%)	178 (59.7%)	
d) increase in sexual assault cases	94 (58.75%)	73 (64.0%)	70 (61.9%)	52 (69.3%)	52 (59.8%)	184 (61.7%)	
e) increase in crisis counseling	72 (45.0%)	67 (58.8%)	56 (49.6%)	37 (49.3%)	48 (55.2%)	153 (51.3%)	Clients reporting childhood abuse is up 18% SINCE 1990.
f) more clients reporting childhood abuse	122 (76.25%)	95 (83.3%)	86 (76.2%)	62 (82.7%)	72 (82.8%)	239 (80.2%)	
g) pressure on center to do more about drug and alcohol abuse on campus	54 (33.75%)	43 (37.7%)	43 (38.0%)	24 (32.0%)	28 (32.2%)	105 (35.2%)	
h) need to find better referral sources for students who need long-term help	110 (68.75%)	75 (65.8%)	62 (54.9%)	54 (72.0%)	71 (81.6%)	202 (67.8%)	
i) clients needing long-term therapy who are referred to center from outside agency	34 (21.25%)	34 (29.8%)	20 (17.7%)	19 (25.3%)	32 (36.8%)	77 (25.8%)	
j) responding to needs of LD students	77 (48.1%)	52 (45.6%)	60 (53.1%)	32 (42.7%)	33 (37.9%)	138 (46.3%)	
k) growing demand for services with no increase in resources	119 (74.4%)	83 (72.8%)	75 (66.4%)	56 (74.7%)	74 (85.1%)	222 (74.5%)	
l) coping with an impaired staff member	22 (13.75%)	18 (15.8%)	11 (9.7%)	10 (13.3%)	17 (19.5%)	42 (14.1%)	
m) other critical issues (Reporting only issues that were mentioned by more than one center): imposition of a counseling fee; losing staff because of poor salaries; the need to put more emphasis on a quality career counseling program; integrating other services into center (D & A, Career Counseling, Health Service, Orientation, Placement); poor mental health insurance plans for students; decreasing autonomy; achieving a balance between clinical services and outreach/prevention programming; lack of minorities in employment pool; increasing pressure from administration for center to disclose more info about clients; increase in international students who require intensive work; increasing pressure to protect self legally at expense of client.							
33. Innovative programs: See Appendix C							
34. Projects aimed at student retention: See Appendix D							
35. Centers that ask on evaluation forms if counseling has helped with student decision to remain at the institution	41 (25.6%)	21 (18.4%)	20 (17.7%)	19 (25.3%)	26 (29.9%)	73 (24.5%)	On average 49% of students respond positively to this question. Powerful retention data!
36. Description of center policy on limiting number of sessions per client							
a) limit of 5 sessions or less	3 (1.9%)	1 (0.9%)	0 (0.0%)	0 (0.0%)	4 (4.6%)	4 (1.3%)	There was a 7% drop in the number of centers that have no limit (compared to 1991 data).
b) limit of 6 to 10 sessions	22 (13.75%)	23 (20.2%)	17 (15.0%)	19 (25.3%)	13 (14.9%)	53 (17.8%)	
c) limit of 11 to 15 sessions	33 (20.6%)	13 (11.4%)	12 (10.6%)	9 (12.0%)	23 (26.4%)	50 (16.8%)	
d) limit of 16 to 20 sessions	4 (2.5%)	2 (1.75%)	1 (0.9%)	0 (0.0%)	4 (4.6%)	6 (2.0%)	
e) no limit	22 (13.75%)	10 (8.8%)	17 (15.0%)	8 (10.7%)	2 (2.3%)	32 (10.7%)	
f) no set limit, but counselors are encouraged to limit number of long-term cases	60 (37.5%)	54 (47.4%)	55 (48.7%)	36 (48.0%)	27 (31.0%)	125 (41.9%)	
g) other	14 (8.75%)	9 (7.0%)	9 (8.0%)	3 (4.0%)	11 (12.6%)	25 (8.4%)	

	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15000 (n=75)	>15,000 (n=87)	TOTAL (N=298)	COMMENTS
37. Centers that have a limit on the number of sessions per client that:							
a) frequently make exceptions	21 (26.6%)	20 (40.8%)	17 (43.6%)	11 (30.5%)	19 (33.3%)	52 (35.9%)	Percentages based on total responses to this item.
b) rarely make exceptions	52 (65.8%)	25 (51.0%)	20 (51.3%)	22 (61.1%)	34 (59.6%)	83 (57.2%)	
c) do not make exceptions	6 (7.6%)	4 (8.2%)	2 (5.1%)	3 (8.3%)	4 (7.0%)	10 (6.9%)	
38. Centers without a set limit on the number of sessions per client who are considering establishing one	25 (15.6%)	31 (27.2%)	20 (17.7%)	18 (24.0%)	18 (20.7%)	59 (19.8%)	
39. Status of eating disorders on campus							
a) problem seems to be declining	28 (17.5%)	16 (14.0%)	14 (12.4%)	13 (17.3%)	12 (13.8%)	48 (16.1%)	
b) problem is still significant but is leveling off	86 (53.75%)	65 (57.0%)	57 (50.4%)	43 (57.3%)	52 (59.8%)	162 (54.4%)	
c) problem seems to be increasing	18 (11.25%)	21 (18.4%)	20 (17.7%)	11 (14.7%)	12 (13.7%)	45 (15.1%)	
d) other	25 (15.6%)	8 (7.0%)	18 (15.9%)	7 (9.3%)	8 (9.2%)	34 (11.4%)	
40. How center handles bulimics:							
a) brief psychotherapy only	6 (3.75%)	12 (10.5%)	10 (8.85%)	6 (8.0%)	3 (3.4%)	21 (7.0%)	
b) extensive psychotherapy	18 (11.25%)	16 (14.0%)	21 (18.6%)	8 (10.7%)	4 (4.6%)	35 (11.7%)	
c) brief therapy combined with group	33 (20.6%)	22 (19.3%)	14 (12.4%)	17 (22.7%)	28 (32.2%)	63 (21.1%)	
d) extensive therapy combined with group	13 (8.1%)	15 (13.2%)	15 (13.3%)	6 (8.0%)	7 (8.0%)	31 (10.4%)	
e) group therapy only	3 (1.9%)	3 (2.6%)	1 (0.9%)	1 (1.3%)	4 (4.6%)	6 (2.0%)	
f) refer out	35 (21.9%)	10 (8.8%)	16 (14.2%)	12 (16.0%)	13 (14.9%)	47 (15.8%)	
g) combination of above options	42 (26.25%)	27 (23.7%)	26 (23.0%)	21 (28.0%)	23 (26.4%)	74 (24.8%)	
How center handles anorexics:							
a) brief psychotherapy only	5 (3.1%)	8 (7.0%)	3 (2.65%)	5 (6.7%)	5 (5.7%)	14 (4.7%)	
b) extensive psychotherapy	16 (10.0%)	22 (19.3%)	21 (18.6%)	7 (9.3%)	11 (12.6%)	41 (13.8%)	
c) brief therapy combined with group	12 (7.5%)	8 (7.0%)	6 (5.3%)	10 (13.3%)	8 (9.2%)	26 (8.7%)	
d) extensive therapy combined with group	6 (3.75%)	7 (6.1%)	8 (7.1%)	3 (4.0%)	2 (2.3%)	14 (4.7%)	
e) group therapy only	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
f) refer out	77 (48.1%)	30 (26.3%)	38 (33.6%)	30 (40.0%)	35 (40.2%)	113 (37.9%)	
g) combination of above options	34 (21.25%)	31 (27.2%)	28 (24.8%)	17 (22.7%)	20 (23.0%)	69 (23.2%)	
41. Centers able to give salary increases to staff members who:							
a) obtain a doctorate	42 (26.25%)	38 (33.3%)	29 (25.7%)	26 (34.7%)	28 (32.2%)	85 (28.5%)	Mean increase 7.3%
b) become licensed	18 (11.25%)	12 (10.5%)	12 (10.6%)	10 (13.3%)	8 (9.2%)	32 (10.7%)	Mean increase 3.7%
42. Directors who would recommend the following as ways of addressing waiting list problem							
a) increase the number of referrals to outside agencies or practitioners	100 (62.5%)	67 (58.8%)	63 (55.7%)	45 (60.0%)	63 (72.4%)	183 (61.4%)	Seeing some students every other week was the most popular response.
b) establish a limit on the number of counseling sessions	92 (57.5%)	69 (60.5%)	62 (54.9%)	40 (53.3%)	63 (72.4%)	181 (60.7%)	
c) increase counselors' case loads during busy seasons	56 (35.0%)	38 (33.3%)	37 (32.7%)	25 (33.3%)	32 (36.8%)	105 (35.2%)	
d) see some students every other week	112 (70.0%)	90 (78.9%)	82 (72.6%)	54 (72.0%)	66 (75.9%)	220 (73.8%)	
e) reduce the length of counseling session	32 (20.0%)	22 (19.3%)	22 (19.5%)	11 (14.7%)	20 (23.0%)	59 (19.8%)	
f) other suggestions: make group work the rule; work overtime; establish pre-therapy treatment groups; see some students 4-8 sessions then intermittently thereafter; train RA's in crisis intervention; no holding appointments (students get next available appointment each week); more training in brief therapy; reduce staff meetings; initiate urgent care hour daily; decrease outreach during busy season; students who sign up for brief counseling (2 sessions) are seen immediately; make staff justify each long term case; find other helping partners in university; half-hour intake sessions.							

43. Clinical hours provided per week by each of the following (percentages based on total responses to each position):

(Data not broken down by urban/non-urban or institution size.)

	NONE	1-5 HOURS	6-10 HOURS	11-15 HOURS	OVER 15 HOURS		
a) Director (n=293)	9 (3.1%)	55 (18.8%)	79 (27.0%)	68 (23.2%)	82 (28.0%)		
b) Training Director (n=124)	4 (3.2%)	5 (4.0%)	32 (25.8%)	43 (34.7%)	40 (32.3%)		
c) Assistant Director (n=107)	6 (5.6%)	6 (5.6%)	16 (14.9%)	36 (33.6%)	43 (40.2%)		
d) Consultant/outreach director (n=83)	4 (4.8%)	4 (4.8%)	10 (12.0%)	33 (39.8%)	32 (38.5%)		
e) Clinical Director (n=63)	5 (7.9%)	2 (3.2%)	11 (17.5%)	19 (30.2%)	26 (41.3%)		
f) Other (n=122)	3 (2.5%)	1 (0.8%)	6 (4.9%)	20 (16.4%)	92 (75.4%)		
	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15000 (n=75)	>15,000 (n=87)	TOTAL (N=298)	COMMENTS
44. If counselors only did individual counseling and attended staff meetings, the following would be considered a full case load							
a) 15 to 18 counseling hours	12 (7.5%)	1 (0.9%)	5 (4.4%)	2 (2.7%)	5 (5.7%)	14 (4.7%)	22 to 27 counseling hours is considered to be normal in 60% of the centers.
b) 19 to 21 counseling hours	20 (12.5%)	22 (19.3%)	20 (17.7%)	12 (16.0%)	9 (10.3%)	44 (14.8%)	
c) 22 to 24 counseling hours	45 (28.1%)	35 (30.7%)	33 (29.2%)	21 (28.0%)	27 (31.0%)	88 (29.5%)	
d) 25 to 27 counseling hours	49 (30.6%)	33 (28.9%)	29 (25.7%)	26 (34.7%)	29 (33.3%)	91 (30.5%)	
e) 28 to 30 counseling hours	24 (15.0%)	14 (12.3%)	17 (15.0%)	11 (14.7%)	10 (11.5%)	42 (14.1%)	
f) 31 to 33 counseling hours	6 (3.76%)	3 (2.6%)	4 (3.5%)	1 (1.3%)	3 (3.4%)	9 (3.0%)	
45. Centers facing a major threat in the foreseeable future	55 (34.4%)	32 (28.1%)	30 (26.5%)	28 (37.3%)	33 (37.9%)	100 (33.6%)	
Comments: Of the 100 centers that replied: 80 (or 80%) stated that they were having serious budget problems; many are losing staff; 9 are fearful that their center will be eliminated; 13 may be reorganized or merged with other services; and 4 schools are considering contracting out for counseling services.							
46. Centers that provide the following resources to clients:							
a) self-help books only	31 (19.4%)	16 (14.0%)	18 (15.9%)	12 (16.0%)	15 (17.2%)	50 (16.8%)	
b) audio tapes only	5 (3.1%)	2 (1.75%)	0 (0.0%)	2 (2.7%)	8 (9.2%)	10 (3.4%)	
c) both books and tapes	97 (60.6%)	86 (75.4%)	84 (74.3%)	52 (69.3%)	49 (56.3%)	200 (67.1%)	
d) neither books nor tapes	23 (14.4%)	9 (7.9%)	10 (8.85%)	8 (10.7%)	11 (12.6%)	33 (11.1%)	
47. Centers with a psychiatrist on staff	63 (39.4%)	46 (40.3%)	37 (32.7%)	31 (41.3%)	37 (42.5%)	117 (39.3%)	
48. Functions performed by psychiatrist: (percentages based on responses to item 47)							
a) psychotherapy	14 (22.2%)	9 (19.6%)	7 (18.9%)	3 (9.7%)	11 (29.7%)	25 (21.4%)	Other functions include readmission interviews; crisis management assistance; facilitate hospitalizations; assume responsibility for infirmity students.
b) psychiatric evaluations	54 (85.7%)	41 (89.1%)	35 (94.6%)	26 (83.9%)	34 (91.9%)	104 (88.9%)	
c) prescribing and following students who are on medication	59 (93.65%)	42 (91.3%)	35 (94.6%)	27 (87.1%)	37 (100%)	110 (94.0%)	
d) consult at center case conferences	27 (42.9%)	37 (80.4%)	26 (70.3%)	21 (67.7%)	15 (40.5%)	68 (58.1%)	
e) consult with staff as needed	61 (96.8%)	46 (100%)	37 (100%)	30 (96.8%)	37 (100%)	116 (99.15%)	
f) presides over case conferences	4 (6.35%)	4 (8.7%)	3 (8.1%)	2 (6.45%)	3 (8.1%)	8 (6.8%)	
g) serves as center director	1 (1.6%)	0 (0.0%)	0 (0.0%)	1 (3.2%)	0 (0.0%)	1 (0.8%)	
h) serves as assistant director	0 (%)	1 (2.2%)	0 (0.0%)	0 (0.0%)	1 (2.7%)	1 (0.8%)	
i) staff supervision	5 (7.9%)	3 (6.5%)	3 (8.1%)	0 (0.0%)	5 (13.5%)	9 (7.7%)	
j) other	9 (14.3%)	5 (10.9%)	3 (8.1%)	4 (12.9%)	8 (21.6%)	15 (12.8%)	

	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15000 (n=75)	>15,000 (n=87)	TOTAL (N=298)	COMMENTS
49. Psychiatrists who follow students on meds: (percentages based on responses to item 47)							
a) only if they are receiving psycho- therapy at the center	40 (63.5%)	26 (56.5%)	19 (51.35%)	20 (64.5%)	24 (64.9%)	70 (59.8%)	
b) only if they are receiving psycho- therapy somewhere	5 (7.9%)	5 (10.9%)	4 (10.8%)	2 (6.45%)	4 (10.8%)	11 (9.4%)	
c) whether or not they are receiving psychotherapy	20 (31.7%)	15 (32.6%)	14 (37.8%)	8 (25.8%)	12 (32.4%)	39 (33.3%)	
50. Directors who think it reasonable for counseling center staff to respond to V.P.'s request for info. in the following situations (data represents total responses directors who completed the item):			<u>YES</u>	<u>Yes, but only if student signs a release form</u>	<u>NO</u>		Percentage of VPs who responded "yes" to these items on a national survey.
a) V.P. is concerned about a student's behavior & wants to know whether the student has ever received counseling.			47 (15.8%)	184 (61.7%)	65 (21.8%)		57.4%
b) V.P. refers student to center & wants to know if student kept the appointment.			104 (35.0%)	174 (58.6%)	19 (6.4%)		79.4%
c) V.P. refers student to center & wants a progress report on how student is doing.			12 (4.05%)	186 (62.8%)	98 (33.1%)		29.3%
51. Directors who believe that they should inform the V.P. or other senior person if a client is (data represents total responses of all directors who completed the item):			<u>YES</u>	<u>Yes, but only if student signs a release form</u>	<u>NO</u>		<u>VPs YES</u>
a) A resident student who is a high suicidal risk & also will require hospitalization.			180 (62.3%)	44 (15.2%)	65 (22.5%)		88.6%
b) A resident student who has some potential for suicide but hospitalization is not required.			30 (10.4%)	72 (25.0%)	186 (64.6%)		54.4%
c) A student whose psychological state is such that s/he might pose a danger to other students.			221 (77.3%)	26 (9.1%)	39 (13.6%)		95.1%
d) A student who tells a counselor that s/he has been raped by a resident assistant but doesn't want to make it public.			30 (10.4%)	123 (42.6%)	136 (47.1%)		36.8%
e) A student reports to a counselor that s/he has some kleptomania tendencies and has been stealing from other students in the residence hall.			10 (3.4%)	70 (24.1%)	211 (72.5%)		26.5%
f) A resident student who reports to a counselor that s/he is making obscene phone calls to other students in residence.			15 (5.2%)	63 (21.8%)	211 (73.0%)		29.6%
g) A student reports to a counselor that his roommate is planning to set off a smoke bomb in a large auditorium and fears it might create panic and hurt some people.			183 (64.2%)	66 (23.2%)	36 (12.6%)		86.6%
h) A resident student reports that s/he is HIV positive and is sexually active.			56 (19.9%)	75 (26.6%)	151 (53.5%)		42.5%

	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15000 (n=75)	>15,000 (n=87)	TOTAL (N=298)
52. Possible solutions to problem of notifying a referral source (without getting a signed release) as to whether or not a client kept an appointment:						
a) give students the option on an intake form about whether or not they will allow you to notify the referring person	103 (64.4%)	75 (65.8%)	73 (64.6%)	49 (65.3%)	55 (63.2%)	198 (66.4%)
b) have this issue reviewed by your professional organization for the purpose of establishing clearer ethical guideline	31 (19.4%)	22 (19.3%)	23 (20.35%)	16 (21.3%)	16 (18.4%)	60 (20.1%)
c) no need to do either of the above. This information should not be given under any circumstance.	18 (11.25%)	6 (5.3%)	10 (8.85%)	5 (6.7%)	9 (10.3%)	26 (8.7%)

d) Comments: While most directors who commented said they required signed release forms, many sought verbal permission only. However, a good number believe that if a reliable referral source (a VP, Residence Life Director, Student Health Service staff) follows up to see whether a student has kept an appointment, it does no harm to inform them, and probably does more overall good, since it results in better relationships and a greater willingness to refer other students. Several indicated that if a client does not keep appointment it is ok to notify since they are not yet clients. However, this begs the question since with this policy, if a director reports "I can't say" then this means the student has kept the appointment. Still a very controversial area and one where clearer professional guidelines are needed.

53. Centers that use computers for the following:						
a) scheduling	10 (6.25%)	12 (10.5%)	6 (5.3%)	4 (5.3%)	17 (19.5%)	29 (9.7%)
b) billing	8 (5.0%)	5 (4.4%)	1 (0.9%)	4 (5.3%)	8 (9.2%)	15 (5.0%)
c) maintaining client case notes	26 (16.25%)	32 (28.1%)	25 (22.1%)	15 (20.0%)	20 (23.0%)	64 (21.5%)
d) program to output clinicians caseloads and turnover	32 (20.0%)	26 (22.8%)	14 (12.4%)	16 (21.3%)	27 (31.8%)	65 (21.8%)
e) databases on services and activities	111 (69.4%)	79 (69.3%)	70 (61.9%)	59 (78.7%)	63 (72.4%)	211 (70.8%)

f) other uses: test scoring & interpretation 005, 014, 024, 041, 055, 056, 058, 068, 079, 110, 117, 119, 189, 210, 252, 264; network communication 014; interactive career guidance (too many schools to mention); electronic mail 046, 139, 204, 250, 255; art work 064; budgeting 103, 169, 238; desktop publishing 013, 167; learning skills module 124; data base for educational professional programs in higher ed 206; access to student records 240, 267.

54. Centers that have diagnosed clients in the past year as having a multiple personality disorder	43 (26.9%)	34 (29.8%)	24 (21.2%)	27 (36.0%)	31 (35.6%)	87 (29.2%)
55. Centers with an increase in multiple personality disorders in recent years	30 (18.75%)	24 (21.1%)	18 (15.9%)	16 (18.4%)	19 (21.8%)	57 (19.1%)
56. How centers do/would handle multiple personality disorders:						
a) would treat at center	15 (9.4%)	16 (14.0%)	12 (10.6%)	6 (6.9%)	9 (10.3%)	32 (10.7%)
b) would refer out	105 (65.6%)	67 (58.8%)	70 (61.9%)	46 (61.3%)	60 (69.0%)	191 (64.1%)
c) other	31 (19.4%)	24 (21.1%)	26 (23.0%)	15 (17.2%)	15 (17.2%)	61 (20.5%)

Comments: Most indicated that decision would depend on the case, some believe that this is a dubious diagnostic label, and one director suggested he might refer each personality to a different counselor or refer the personalities with long term problems out and treat the personalities with short term problems at the center. (This director will be pilloried at our national conferences.)

57. Directors indicating an increase in the number of students reporting that they were sexually abused as children	139 (86.9%)	107 (93.9%)	103 (91.15%)	69 (92.0%)	78 (89.7%)	271 (90.9%)
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	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15000 (n=75)	>15,000 (n=87)	TOTAL (N=298)	COMMENTS
58. Directors who believe that students who report earlier sexual abuse have more serious psychological problems on average than other clients	129 (80.6%)	92 (80.7%)	91 (80.5%)	57 (76.0%)	77 (88.5%)	246 (82.6%)	
59. Center staffs who have had inservice in past year on working with clients who were sexually abused as children:							
Yes	76 (47.5%)	67 (58.8%)	56 (49.6%)	39 (52.0%)	47 (54.0%)	156 (52.3%)	
No	53 (33.1%)	19 (16.7%)	32 (28.3%)	18 (24.0%)	21 (24.1%)	77 (25.8%)	
No, but could use some training on this	29 (18.1%)	26 (22.8%)	24 (21.2%)	17 (19.5%)	17 (19.5%)	63 (21.1%)	
60. Centers that have run groups for students who were sexually abused as children	51 (31.9%)	51 (44.7%)	25 (22.1%)	37 (49.3%)	45 (51.7%)	117 (39.3%)	12% plan such groups in future
61. Centers or schools that have taken special initiatives to respond to clients who have been traumatized by abuse	58 (36.25%)	43 (37.7%)	34 (30.1%)	33 (44.0%)	38 (43.7%)	113 (37.9%)	See Appendix E for examples
62. Centers that use part-time counselors (other than GSAs) during busy season	39 (24.4%)	21 (18.4%)	17 (15.0%)	21 (24.1%)	31 (35.6%)	73 (24.5%)	
63. When part-time counselors are used, they do the following (percentages based on responses to item 39):							
a) individual counseling	38 (97.4%)	21 (100%)	16 (94.1%)	21 (100%)	31 (100%)	72 (98.6%)	80% of these part time counselors spend between 70 and 100% of their time on direct clinical service.
b) group counseling	20 (51.3%)	12 (57.1%)	11 (64.7%)	12 (57.1%)	18 (58.1%)	43 (58.9%)	
c) workshops	14 (35.9%)	10 (47.6%)	9 (52.9%)	9 (42.9%)	10 (32.3%)	28 (38.4%)	
d) outreach programming	9 (23.1%)	6 (28.6%)	6 (35.3%)	6 (28.6%)	4 (12.9%)	16 (21.9%)	
e) committee work	3 (7.7%)	0 (0.0%)	0 (0.0%)	2 (9.5%)	2 (6.45%)	4 (5.5%)	
f) attend staff business meetings	12 (30.8%)	9 (42.9%)	5 (29.4%)	10 (47.6%)	13 (41.9%)	30 (41.1%)	
g) attend case staffings	20 (51.3%)	8 (38.1%)	8 (47.1%)	16 (76.2%)	12 (38.7%)	37 (50.7%)	
h) other	2 (5.1%)	2 (9.5%)	2 (11.8%)	2 (9.5%)	0 (0.0%)	4 (5.5%)	
65. Hourly rate paid to part-time counselors: (percentages based on responses to item 62)							
a) \$10/hour	5 (12.8%)	3 (14.3%)	0 (0.0%)	2 (9.5%)	8 (25.8%)	10 (13.7%)	70% of centers pay \$20/hour or less for part-time counselors.
b) \$15/hour	14 (35.9%)	3 (14.3%)	4 (23.5%)	6 (28.6%)	8 (25.8%)	19 (26.0%)	
c) \$20/hour	10 (25.6%)	9 (42.9%)	3 (17.65%)	8 (38.1%)	9 (29.0%)	22 (30.1%)	
d) \$25/hour	4 (10.3%)	2 (9.5%)	3 (17.65%)	1 (4.8%)	3 (9.7%)	8 (11.0%)	
e) other	7 (17.95%)	5 (23.8%)	7 (41.2%)	4 (19.05%)	3 (9.7%)	14 (19.2%)	
66. Typical counseling sessions last:							
a) 50 to 60 minutes	140 (87.5%)	101 (88.6%)	95 (84.1%)	65 (86.7%)	81 (93.1%)	263 (88.3%)	
b) 45 minutes	18 (11.25%)	11 (9.6%)	17 (15.0%)	9 (12.0%)	4 (4.6%)	34 (11.4%)	
c) 30 minutes	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
d) other	0 (0.0%)	1 (0.9%)	1 (0.9%)	0 (0.0%)	0 (0.0%)	1 (0.3%)	
67. How often centers see students more than once a week:							
a) frequently	2 (1.25%)	3 (2.6%)	4 (3.5%)	0 (0.0%)	1 (1.1%)	5 (1.7%)	
b) occasionally	50 (31.25%)	50 (43.9%)	50 (44.2%)	27 (36.0%)	24 (27.6%)	111 (37.2%)	
c) rarely	106 (66.25%)	59 (51.7%)	59 (52.2%)	47 (62.7%)	59 (67.8%)	181 (60.7%)	

	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15000 (n=75)	>15,000 (n=87)	TOTAL (N=298)
68. How often centers see students less than once a week:						
a) frequently	29 (18.1%)	34 (29.8%)	26 (23.0%)	18 (24.0%)	22 (25.3%)	71 (23.8%)
b) occasionally	107 (66.9%)	68 (59.6%)	74 (65.5%)	50 (66.7%)	51 (58.6%)	192 (64.4%)
c) rarely	21 (13.1%)	11 (9.6%)	13 (11.5%)	6 (8.0%)	11 (12.6%)	34 (11.4%)
69. Directors who believe students could be well served in half-hour sessions:						
a) yes, most students could	9 (5.6%)	8 (7.0%)	7 (6.2%)	2 (2.7%)	8 (9.2%)	17 (5.7%)
b) yes, some students could	97 (60.6%)	67 (58.8%)	73 (64.6%)	40 (53.3%)	51 (58.6%)	179 (60.1%)
c) no, except on rare occasion	51 (31.9%)	37 (32.5%)	33 (29.2%)	32 (42.7%)	24 (27.6%)	100 (33.6%)
70. Directors who believe students could be well served if seen less than once a week:						
a) yes, most students could	16 (10.0%)	17 (14.9%)	15 (13.3%)	7 (9.3%)	11 (12.6%)	35 (11.7%)
b) yes, some students could	131 (81.9%)	92 (80.7%)	90 (79.6%)	65 (86.7%)	72 (82.8%)	247 (82.9%)
c) no, except on rare occasions	10 (6.25%)	3 (2.6%)	7 (6.2%)	2 (2.7%)	1 (1.1%)	14 (4.7%)
71. Directors who believe (resources permitting) that it is best to:						
a) have at least one staff member specifically assigned to work with gay/lesbian or bisexual students	17 (10.6%)	11 (9.6%)	13 (11.5%)	7 (9.3%)	7 (8.0%)	33 (11.1%)
b) have all staff trained to work with gay/lesbian or bisexual students	118 (73.75%)	89 (78.1%)	87 (77.0%)	58 (77.3%)	65 (74.7%)	226 (75.8%)
c) other	19 (11.9%)	12 (10.5%)	12 (10.6%)	7 (9.3%)	11 (12.6%)	32 (10.7%)
72. Directors that sought advice or information from another center during past year	112 (70.0%)	78 (68.4%)	74 (65.5%)	59 (78.7%)	60 (69.0%)	211 (70.8%)

Comments: Directors sought consultation from other directors on a variety of issues including ethical/legal issues, salaries, group programs, state statutes, solutions to waiting lists, responding to budget cuts, censorship issues, peer training, eating disorders, responding to suicide, health service relations, mergers, amount of psychiatric assistance, victims assistance, withdrawal policies, case records content, date rape, use of medications, intake issues, unusual cases, release of information, center evaluation, computers, fee for service issues, crisis management policies, political issues, staff problems, emergency coverage on holidays, length of treatment issues, mandatory counseling, workloads, training issues, mandatory reporting, low staff morale, wellness programs, impaired staff, AIDS patients, and other general management issues.

73. Directors who invited a consultant to his/her center during past year (apart from accreditation visits)	45 (28.1%)	23 (20.2%)	29 (25.7%)	19 (25.3%)	21 (24.1%)	75 (25.2%)
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74. Consultants were invited to campus for the following reasons: Inservice training, workshops, mediate staff conflict, self-studies, pre-accreditation consultations, intern training, group therapy supervision, pharmacology issues, peer education training, case consultation, multi-cultural training, legal and ethical information, short term treatment model, childhood sexual abuse, HIV, facilitate a staff process group, psychiatric consultation, review policies, staff communication, dealing with violence and trauma, staff team development, and to assist with staff retreat.

75. Directors (as indicated by institution identification number) who have experience or expertise in providing consultation in the following areas:

- a) resolving staff conflict (n=72)  
007,012,017,023,032,035,036,040,041,048,055,064,075,081,083,092,098,102,105,110,111,113,114,116,126,127,131,132,136,137,138,141,142,150,153,159,165,168,169,170,171,172,175,184,193,195,198,201,203,205,208,216,223,226,228,236,240,242,250,256,259,260,266,268,271,273,274,276,277,282,291,298.
- b) establishing a staff contracting system (n=30)  
007,017,043,048,051,054,061,075,077,080,092,114,131,133,137,139,157,164,167,170,172,196,203,208,218,236,246,255,259,282.
- c) general evaluation of a Center (n=91)  
002,012,019,021,023,024,033,034,037,040,043,046,047,048,055,056,057,061,064,068,075,076,081,083,087,092,102,105,110,111,113,116,117,119,120,124,126,128,130,132,134,136,137,139,142,151,157,160,161,162,164,167,168,170,174,179,180,181,190,194,195,196,198,205,208,214,223,225,228,236,242,246,248,249,250,254,255,259,260,262,263,266,268,270,272,273,279,284,285,287,294.
- d) combining Health Center and Counseling Center (n=54)  
016,017,023,025,027,036,037,042,048,054,055,056,060,061,077,080,081,098,102,104,105,114,118,121,134,137,138,150,157,159,161,162,164,167,169,171,172,182,192,193,200,237,148,250,254,259,262,266,270,271,276,279,287,298.
- e) combining Counseling Center and Career Development (n=48)  
001,004,014,035,040,056,060,061,064,077,088,093,115,120,126,136,141,143,158,162,163,164,168,174,175,179,181,192,193,201,202,208,211,216,224,225,228,235,236,241,249,250,259,273,275,294,296,298.
- f) establishing a Learning Skills Center (n=29)  
004,035,054,061,064,069,077,087,111,124,136,138,141,143,162,163,164,166,167,179,188,201,224,238,248,250,266,267,270.
- g) grant writing (n=18)  
025,036,050,052,054,055,069,080,083,092,122,132,140,162,202,205,217,224.
- h) establishing a Wellness Center (n=33)  
007,013,025,036,042,043,054,056,074,077,080,098,102,105,130,138,140,141,150,159,162,172,174,182,200,202,203,217,250,259,271,276,298.
- i) Other areas where directors have consultation expertise: Substance abuse (004,025); Goal setting, strategic planning (012); Multicultural counseling (016); Wellness research (016); Interpersonal violence (025); Small college issues (035); Establishing political procedures (041); Clinical supervision (050,092); Computer-based accountability records (051); Advising undeclared majors (067).

	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15000 (n=75)	>15,000 (n=87)	TOTAL (N=298)	COMMENTS
76. Directors who have a particular area of interest that they would be willing to share through presentation/workshop	67 (41.9%)	43 (37.7%)	45 (39.8%)	28 (37.3%)	35 (40.2%)	120 (40.3%)	See Appendix F for listing of workshops and presentations.
77. Average percentage of staff's clinical time devoted to the following areas:							1988 results:
a) Personal counseling	70.72%	78.46%	74.81%	75.54%	74.71%	76.3%	66%
b) Career counseling	14.28%	12.67%	12.50%	13.88%	14.14%	13.6%	20%
c) Academic (study skills)	8.60%	5.96%	8.98%	5.73%	6.08%	7.7%	13%
d) Other	2.46%	1.43%	2.24%	2.35%	2.32%	2.3%	1%
78. Degree of happiness as Counseling Center Director							
a) Extremely happy with this work. Can't think of anything I'd rather do.	50 (31.25%)	34 (29.8%)	33 (29.2%)	25 (33.3%)	24 (27.6%)	88 (29.5%)	
b) Quite happy with this work, but can think of equally attractive jobs.	82 (51.25%)	63 (55.3%)	65 (57.5%)	38 (50.7%)	46 (52.9%)	159 (53.4%)	
c) Moderately happy with this job.	24 (15.0%)	12 (10.5%)	12 (10.6%)	7 (9.3%)	14 (16.1%)	42 (14.1%)	
d) Quite unhappy with this work. I often wish I was in another line of work.	1 (0.6%)	4 (3.5%)	2 (1.8%)	2 (2.7%)	1 (1.1%)	5 (1.7%)	
e) Extremely unhappy with this work. Very definitely should have gone in another direction.	1 (0.6%)	0 (0.0%)	0 (0.0%)	1 (1.3%)	0 (0.0%)	2 (0.7%)	



	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15000 (n=75)	>15,000 (n=87)	TOTAL (N=298)	COMMENTS
79. What causes directors stress on the job:							
a) being responsible for work of others	39 (24.4%)	41 (36.0%)	34 (30.1%)	20 (26.7%)	22 (25.3%)	88 (29.5%)	Small schools seem to differ greatly on a number of these items.
b) budget problems	80 (50.0%)	51 (44.7%)	43 (38.0%)	44 (58.7%)	48 (55.2%)	150 (50.3%)	
c) lack of understanding by administration	63 (39.4%)	42 (36.8%)	49 (43.4%)	27 (36.0%)	34 (39.1%)	119 (39.9%)	
d) staff conflicts with each other	43 (26.9%)	46 (40.35%)	23 (20.35%)	31 (41.3%)	33 (37.9%)	95 (31.9%)	
e) lack of understanding by staff of problems in running a Center	30 (18.75%)	30 (26.3%)	24 (21.2%)	18 (24.0%)	20 (23.0%)	68 (22.8%)	
f) limited resources	97 (60.6%)	63 (55.3%)	69 (61.1%)	47 (62.7%)	44 (50.6%)	178 (59.7%)	
g) impaired staff	15 (9.4%)	11 (9.6%)	6 (5.3%)	8 (10.7%)	10 (11.5%)	28 (9.4%)	
h) uncooperative staff	24 (15.0%)	29 (25.4%)	17 (15.0%)	16 (21.3%)	23 (26.4%)	60 (20.1%)	
i) other	24 (15.0%)	19 (16.7%)	24 (21.2%)	7 (9.3%)	8 (9.2%)	45 (15.1%)	
80. Directors who would like a job other than Counseling Center Director before retiring	93 (58.1%)	74 (64.9%)	71 (62.8%)	43 (57.3%)	52 (59.8%)	184 (61.7%)	
Types of jobs these directors would like							
a) higher level administration	21 (13.1%)	10 (8.8%)	11 (9.7%)	6 (8.0%)	14 (16.1%)	36 (12.1%)	
b) teaching	10 (6.25%)	16 (14.0%)	9 (8.0%)	8 (10.7%)	9 (10.3%)	29 (9.7%)	
c) training director	0 (0.0%)	3 (2.6%)	2 (1.8%)	0 (0.0%)	1 (1.1%)	3 (1.0%)	
d) return to staff counselor position	8 (5.0%)	2 (1.75%)	3 (2.65%)	4 (5.3%)	3 (3.4%)	11 (3.7%)	
e) full time private practice	3 (1.9%)	4 (3.5%)	2 (1.8%)	3 (4.0%)	2 (2.3%)	7 (2.3%)	
f) other	16 (10.0%)	10 (8.8%)	13 (11.5%)	8 (10.7%)	4 (4.6%)	30 (10.1%)	
g) a combination of options a through f	29 (18.1%)	29 (25.4%)	29 (25.7%)	14 (18.7%)	16 (18.4%)	63 (21.1%)	
81. Centers that collect written evaluations from clients at their center	112 (70.0%)	79 (69.3%)	71 (62.8%)	56 (74.7%)	61 (70.1%)	207 (69.5%)	
How often these evaluations are collected: (percentages based on responses to item 81)							
a) ongoing	29 (25.9%)	17 (21.5%)	15 (21.1%)	8 (14.3%)	19 (31.15%)	51 (24.6%)	
b) once a term	20 (17.9%)	24 (30.4%)	13 (18.3%)	19 (33.9%)	12 (19.7%)	48 (23.2%)	
c) once a year	26 (23.2%)	16 (20.25%)	23 (32.4%)	12 (21.4%)	9 (14.75%)	45 (21.7%)	
d) other	34 (30.4%)	18 (22.8%)	19 (26.8%)	14 (25.0%)	22 (36.1%)	60 (29.0%)	
82. Method utilized for distribution and return of evaluation forms (percentages based on responses to item 81):							
a) Evaluations mailed to clients:							
and are returned to director	66 (58.9%)	38 (48.1%)	39 (54.9%)	32 (57.1%)	29 (47.5%)	184 (88.9%)	
and are returned directly to counselor	1 (0.9%)	3 (3.8%)	3 (4.2%)	0 (0.0%)	1 (1.6%)	4 (1.9%)	
b) Evaluations given to clients by secretary:							
and are returned to Director	22 (19.6%)	25 (31.6%)	17 (23.9%)	9 (16.1%)	20 (32.8%)	51 (24.6%)	
and are returned directly to counselor	2 (1.8%)	1 (1.3%)	4 (5.6%)	0 (0.0%)	0 (0.0%)	4 (1.9%)	
c) Evaluations given to client by counselor:							
and are returned to Director	16 (14.3%)	16 (20.25%)	10 (14.1%)	9 (16.1%)	13 (21.3%)	36 (17.4%)	
and are returned directly to counselor	6 (5.4%)	3 (3.8%)	6 (8.45%)	1 (1.8%)	2 (3.3%)	8 (3.9%)	

	URBAN (N=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15000 (n=75)	>15,000 (n=87)	TOTAL (N=298)	COMMENTS
83. Directors who have noticed a significant increase in a counselor's rating by clients in a given term.	10 (6.25%)	9 (7.9%)	8 (7.1%)	7 (9.3%)	4 (4.6%)	19 (6.4%)	
What directors believe accounted for change: (percentages based on responses to item 83)							
a) counselor received additional training	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	It appears that counselor ratings remain fairly consistent over the years. When there is a change (for better or worse) it is most often related to a decline or increase in personal stress.
b) counselor received therapy	2 (20.0%)	3 (33.3%)	2 (25.0%)	3 (42.9%)	0 (0.0%)	5 (26.3%)	
c) a reduction in personal stress	3 (30.0%)	3 (33.3%)	3 (37.5%)	1 (14.3%)	2 (50.0%)	6 (31.6%)	
d) other	4 (40.0%)	2 (22.2%)	2 (25.0%)	1 (14.3%)	3 (75.0%)	8 (42.1%)	
84. Directors who have noticed a significant decrease in a counselor's rating by clients in a given term	23 (14.4%)	16 (14.0%)	15 (13.3%)	11 (14.7%)	16 (18.4%)	43 (14.4%)	
What directors believe accounted for change: (percentages based on responses to item 84)							
a) a decline in skills	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	In a national survey of chief student affairs officers, 42.5% of them believed that counselors should inform them if a student is HIV positive and is sexually active.
b) a health problem	2 (8.7%)	3 (18.75%)	2 (13.3%)	1 (9.1%)	3 (18.75%)	6 (13.95%)	
c) an increase in personal stress	17 (73.9%)	11 (68.75%)	12 (80.0%)	8 (7.3%)	9 (56.25%)	30 (69.8%)	
d) other	1 (4.3%)	2 (12.5%)	1 (6.7%)	1 (9.1%)	1 (6.25%)	3 (7.0%)	
85. Directors who would feel the need to break confidentiality if seeing an HIV positive client under the following circumstances (data represents total responses of all directors who completed this item):							
		<u>YES</u>	<u>NO</u>	<u>UNSURE</u>			
a) Client is in residence & eating in the cafeteria		4 (1.4%)	281 (96.2%)	7 (2.4%)			In a national survey of chief student affairs officers, 42.5% of them believed that counselors should inform them if a student is HIV positive and is sexually active.
b) Client is employed in the cafeteria & is involved in the preparation of food		13 (4.5%)	225 (78.4%)	49 (17.1%)			
c) Client is in a sexual relationship with an unknowing partner (partner is not known to you)		47 (16.45%)	156 (54.55%)	83 (29.0%)			
d) Same as c, but partner is known to you		85 (29.6%)	100 (34.85%)	102 (35.55%)			
e) Client is promiscuous and reports practicing unsafe sex		65 (22.7%)	122 (42.7%)	99 (34.6%)			
f) Client is having sex with underage person (known to you)		163 (56.2%)	40 (13.8%)	87 (30.0%)			
g) Client is working in a health-related profession where the risk of infecting patients is high		74 (25.9%)	115 (40.2%)	97 (33.9%)			
h) Client is applying to medical school		8 (2.7%)	241 (82.3%)	44 (15.0%)			
i) Client is sharing an IV needle with an unknowing roommate		144 (50.2%)	57 (19.9%)	86 (29.9%)			
	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15000 (n=75)	>15,000 (n=87)	TOTAL (N=298)	
86. Directors that feel it's a therapist's ethical responsibility to strongly encourage a medical examination to a client who is participating in behavior that places him/her at high risk for HIV infection							
a) yes	130 (81.25%)	97 (85.1%)	95 (84.1%)	68 (90.7%)	66 (75.9%)	250 (83.9%)	
b) no	14 (8.75%)	7 (6.1%)	9 (8.0%)	5 (6.7%)	4 (4.6%)	21 (7.0%)	
c) uncertain	12 (7.5%)	7 (6.1%)	8 (7.1%)	1 (1.3%)	12 (13.8%)	22 (7.4%)	

	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15000 (n=75)	>15,000 (n=87)	TOTAL (N=298)	COMMENTS
87. Directors who think that it is the responsibility of the therapist to actively press for evidence of high risk behavior if it is suspected in their HIV positive client							This is an interesting question since Tarasoff-type guidelines usually do not require us to actively press for dangerousness.
a) yes	76 (47.5%)	55 (48.2%)	53 (46.9%)	43 (57.3%)	39 (44.8%)	144 (48.3%)	
b) no	40 (25.0%)	25 (21.9%)	31 (27.4%)	13 (17.3%)	24 (27.6%)	74 (24.8%)	
c) uncertain	36 (22.5%)	30 (26.3%)	24 (21.2%)	17 (22.7%)	19 (21.8%)	70 (23.5%)	
88. Directors who are aware of any legislation in their state that would permit psychotherapists to warn identifiable partners of HIV positive clients in limited circumstances							Directors reporting "yes" were from these states: CA, FL, IN, MI, NY, OH, OR, PA (No way to verify accuracy of this reporting.)
a) yes	5 (3.1%)	5 (4.4%)	5 (4.4%)	2 (2.7%)	5 (5.7%)	12 (4.0%)	
b) no	105 (65.6%)	68 (60.2%)	61 (54.0%)	53 (70.7%)	65 (74.7%)	194 (65.1%)	
c) don't know	46 (28.75%)	39 (34.2%)	46 (40.7%)	19 (25.3%)	13 (14.9%)	88 (29.5%)	
89. Directors in favor of such legislation	78 (48.75%)	66 (57.9%)	67 (59.3%)	41 (54.7%)	39 (44.8%)	160 (53.7%)	
90. Directors who have participated in any kind of workshop on AIDS in the past two years	112 (70.0%)	87 (76.3%)	90 (79.6%)	48 (64.0%)	59 (67.8%)	216 (72.5%)	
91. Institutions with a Learning Skills Center on campus	120 (75.0%)	84 (73.7%)	78 (69.0%)	63 (84.0%)	65 (74.7%)	223 (74.8%)	37% of these centers are in student affairs; 43% are in an academic unit; 11% are in an administrative unit.
94. Basic functions of Learning Skills Centers: (percentage based on responses to item 91)							
a) study skills instruction	102 (85.0%)	76 (90.5%)	64 (82.05%)	56 (88.9%)	59 (90.8%)	193 (86.55%)	
b) reading instruction	79 (65.8%)	53 (63.1%)	45 (57.7%)	45 (71.4%)	43 (66.15%)	145 (65.0%)	
c) math instruction	71 (59.2%)	45 (53.6%)	40 (51.3%)	41 (65.1%)	32 (49.2%)	125 (56.05%)	
d) writing instruction	83 (69.2%)	56 (66.7%)	54 (69.2%)	45 (71.4%)	40 (61.5%)	152 (68.2%)	
e) vocabulary skills	49 (40.8%)	33 (39.3%)	27 (34.6%)	26 (41.3%)	26 (40.0%)	86 (38.6%)	
f) time management	81 (67.5%)	57 (67.9%)	53 (67.95%)	42 (66.7%)	43 (66.15%)	150 (67.3%)	
g) test anxiety reduction	53 (44.2%)	42 (50.0%)	37 (47.4%)	27 (42.9%)	34 (52.3%)	105 (47.1%)	
h) math anxiety reduction	35 (29.2%)	33 (39.3%)	25 (32.05%)	20 (31.75%)	24 (36.9%)	75 (33.6%)	
i) tutoring for academic courses	87 (72.5%)	70 (83.3%)	62 (79.5%)	50 (79.4%)	44 (67.7%)	169 (75.8%)	
j) supplemental instruction/collaborative learning	33 (27.5%)	32 (38.1%)	24 (30.8%)	21 (33.3%)	19 (29.2%)	70 (31.4%)	
k) graduate school exam preparation	13 (10.8%)	14 (16.7%)	5 (6.4%)	7 (11.1%)	16 (24.6%)	30 (13.45%)	
l) academic advising	11 (9.2%)	20 (23.8%)	10 (12.8%)	11 (17.5%)	12 (18.5%)	33 (14.8%)	
m) diagnostic testing	26 (21.7%)	24 (28.6%)	15 (19.2%)	19 (30.2%)	18 (27.7%)	55 (24.7%)	
n) placement testing	10 (8.3%)	8 (9.5%)	6 (7.7%)	8 (12.7%)	4 (6.15%)	18 (8.1%)	
o) learning disabilities diagnosis	27 (22.5%)	21 (25.0%)	20 (25.6%)	13 (20.6%)	14 (21.5%)	52 (23.3%)	
p) learning disabled student services	29 (24.2%)	34 (40.5%)	29 (37.2%)	18 (28.6%)	17 (26.15%)	69 (30.9%)	
q) disabled students services	19 (15.8%)	18 (21.4%)	16 (20.5%)	11 (17.5%)	9 (13.85%)	39 (17.5%)	
r) English as a second language	10 (8.3%)	7 (8.3%)	5 (6.4%)	5 (7.9%)	7 (10.8%)	19 (8.5%)	
s) tutor training	50 (41.7%)	45 (53.6%)	37 (47.4%)	27 (42.9%)	30 (46.15%)	100 (44.8%)	
t) other	8 (6.7%)	2 (2.4%)	4 (5.1%)	3 (4.8%)	3 (4.6%)	11 (4.9%)	
95. Learning Skills Centers that utilize computer assisted instruction (based on number of responses to item 91)	64 (53.3%)	42 (50.0%)	34 (43.6%)	33 (52.4%)	40 (61.5%)	118 (52.9%)	

	URBAN (n=160)	NON-URBAN (n=114)	<7,500 (n=113)	7500-15000 (n=75)	>15,000 (n=87)	TOTAL (N=298)
96. Diagnostic testing for learning disabilities is conducted by:						
a) Counseling Center staff	16 (10.0%)	10 (8.8%)	11 (9.7%)	4 (5.3%)	9 (10.3%)	26 (8.7%)
b) Learning Center staff	16 (10.0%)	8 (7.0%)	6 (5.3%)	7 (9.3%)	11 (12.6%)	27 (9.1%)
c) Disabled Student Services staff	17 (10.6%)	5 (4.4%)	5 (4.4%)	6 (8.0%)	13 (14.9%)	25 (8.4%)
d) program on campus other than above	17 (10.6%)	11 (9.6%)	6 (5.3%)	10 (13.3%)	10 (11.5%)	28 (9.4%)
e) referral to services off campus	64 (40.0%)	56 (49.1%)	61 (54.0%)	33 (44.0%)	29 (33.3%)	136 (45.6%)
f) a combination of the above options	17 (10.6%)	16 (14.0%)	13 (11.5%)	10 (13.3%)	7 (8.0%)	33 (11.1%)
97. Directors who report an increase in the amount of open discussion among counselors about counselor sexual attraction to clients:						
a) yes, very much so	9 (5.6%)	4 (3.5%)	5 (4.4%)	2 (2.7%)	5 (5.7%)	14 (4.7%)
b) yes, to some extent	53 (33.1%)	42 (36.8%)	35 (31.0%)	27 (36.0%)	33 (37.9%)	104 (34.9%)
c) no change	90 (56.25%)	63 (55.3%)	68 (60.2%)	41 (54.7%)	47 (54.0%)	170 (57.0%)
Directors who state that counselors are more willing to discuss in the following settings their sexual attractions toward their clients						
a) case conferences						
Yes, very much so	5 (3.1%)	3 (2.6%)	5 (4.4%)	1 (1.3%)	1 (1.1%)	10 (3.4%)
Yes, but just slightly	41 (25.6%)	23 (20.2%)	25 (22.1%)	18 (24.0%)	23 (26.4%)	70 (23.5%)
No	83 (51.9%)	64 (56.1%)	57 (50.4%)	41 (54.7%)	48 (55.2%)	161 (54.0%)
b) individual supervision						
Yes, very much so	16 (10.0%)	6 (5.3%)	12 (10.6%)	2 (2.7%)	6 (6.9%)	24 (8.1%)
Yes, but just slightly	63 (39.4%)	43 (37.7%)	37 (32.7%)	37 (49.3%)	34 (39.1%)	112 (37.6%)
No	57 (35.6%)	45 (39.5%)	45 (39.8%)	24 (32.0%)	31 (35.6%)	114 (38.3%)
98. In spite of increasing openness toward this topic, directors believe the following statements are for the most part true:						
a) Sexual attraction toward a client is still a taboo topic in the field	108 (67.5%)	85 (74.6%)	75 (66.4%)	53 (70.7%)	66 (75.9%)	208 (69.8%)
b) When the topic is discussed it is almost always in general terms rather than an expression of a personal experience	128 (80.0%)	91 (79.8%)	86 (76.1%)	61 (81.3%)	76 (87.4%)	241 (80.9%)
c) Most counselors who are sexually attracted to a client rarely, if ever, discuss this at a case conference or in supervision	120 (75.0%)	91 (79.8%)	85 (75.2%)	58 (77.3%)	73 (83.9%)	231 (77.5%)

In 1990 78% said topic was taboo.

**APPENDIX A**  
**RE: ITEM 29**

**Examples of unethical practice of staff or interns**

- a. Seeing private practice clients on Center time
- b. Unprofessional work practices and disruption to the work plan
- c. Poor therapy performance by intern and unwillingness to use supervision
- d. Violation of center rules regarding scheduling of teaching time
- e. Incomplete case notes
- f. A male licensed psychologist on staff was sexually harassing two female graduate students in-training
- g. Counselor's failure to maintain professional boundaries with client
- h. Inability to comply with administrative responsibilities
- i. Conflict of interest, dual relationship issues and using the Counseling Center as a referral agency to therapist's own private practice
- j. Sexual relationship with client (gay)
- k. Intern crossed boundaries with client
- l. Counselor was meeting opposite sex client in student union. Nature of relationship is in question.
- m. A 39 year old female counselor fell in love with a 19 year old male client. She left her husband and is living with ex-client.
- n. Intern was overusing secretary to type papers and this came to light when secretary was asked to come in on a weekend.
- o. Counselor not providing adequate services and follow-up
- p. Discussing personal conflicts with clients

APPENDIX B  
RE: Item 30

Ethical questions posed by directors:

- a. Should I give, as requested, a list of all students at-risk for suicide to the Student Health Service?
- b. Should I participate in the wedding of a person I'm supervising?
- c. Can I see a client who has used up all his eligible services at the center in private practice?
- d. Should I inform the partner of an HIV Positive clients, when client refuses to do so?  
(Multiple directors faced this issue)
- e. Should I release records (even with clients signature), to government agencies or insurance companies?
- f. Is it appropriate to notify the administration (without the client's permission) if you discover through the client that an RA or other staff member is sexually abusing students?
- g. Should student workers, practicum students, or interns be allowed to receive therapy at the center?
- h. When does it become appropriate to have a social/personal relationship after counseling is terminated?
- i. How do you handle, as a mandatory reporter, the reporting of previous sexual abuse when it is not in the best interests of the client to do so?
- j. Can case related information be shared by center psychologists with staff members from other disciplines (MSWs, Counselors)
- k. At what point do we notify parents that their son or daughter is very ill or suicidal?
- l. Should I be concerned about the fact that a staff counselor is in a romantic relationship with the center's secretary?
- m. Should we participate in Judicial Board hearings as an advocate for our clients?
- n. Should a consultation with a faculty members about a student be placed in the student's file?
- o. How tolerant should we be about confidentiality lapses by practicum students before terminating?
- p. If a client informs me that a younger sibling is being sexually abused by a parent am I obligated to inform child protective services?
- q. If we have a client who is near psychotic and about to go into student teaching, should we notify the faculty?
- r. If a client reports she has been sexually harassed by the VP I report to, how should this be handled?
- s. Are we obligated to honor our VP's request for a listing of all students who have been sexually assaulted?
- t. Should I allow staff to use sick time as vacation time when this is not University policy?
- u. If a client of the center reports that one of your counselors has made sexual advances to her, but wants only a referral and no formal action taken, what do you do with this information?
- v. A female client has been following and harassing her former female counselor in the center. She reveals in a group led by another staff member that she has a handgun with her. (she is an adjunct law enforcement officers so the gun is legitimate) Group therapist feels she is no threat. Harassed counselor feel otherwise. What should be done?

APPENDIX C  
RE: ITEM 33

Innovative Programs:

- a. New approaches to substance abuse (004,025,047,074,078,167,174,175)
- b. Peer Health Education Program (002,079,115,182)
- c. Dramatic Rape Prevention program (006)
- d. Senior Transitional Day (006)
- e. Wellness week; developing a training film for residence life on acquaintance rape (016)
- f. Dissertation Completion Groups. Workshops and groups re: Psychological challenges of Graduate students(021)
- g. Brief in-house screening procedure for evaluating learning disability (023)
- h. Date rape victims serve as peer counselors for others who have been date raped (038)
- i. Voice mail to handle 24-hour emergency and holiday client requests (050)
- j. MSW/CAC supervise professionals who volunteer to do Judicial Alcohol Assessment-trial program (052)
- k. Hope and Healing- workshop on recovering from trauma; Body Home-workshop on body image and self-esteem (075)
- l. Student Development Assistance Program - students trained to present topical workshops.  
However, it is not cost effective (076)
- m. "Crisis" response and ongoing support for students testing HIV positive and referral by campus-based  
HIV Pre and Post Test Counseling Program (077)
- n. Bio-feedback (035,251)
- o. Innovative Peer Counseling Program (083, 105,110,186)
- p. Programming for male students on sexual assault (091)
- q. Campus-wide crisis and emergency procedures/policies (092)
- r. Minority Leadership Development Program (093)
- s. Improve Your Self Esteem Through Personal Budgeting (099)
- t. Our Center is staffed solely by doctoral students supervised by licensed faculty. This has enabled us to  
keep up services during the financially hard times. (101)
- u. Sexual Assault Response and Recovery Team (102)
- v. Gay Men's Support Group, Non EOP Students of Color Mentorship (106)
- w. Support group for Residence Coordinators of Residence Halls (107)
- x. One day training for Student Residence Hall paraprofessionals in collaboration with a local psychiatric  
hospital (107)
- y. A career ladder which provides opportunities for promotions as psychologists (similar to faculty  
promotions system) (126)
- z. Special protocol for suicide risk evaluation (122)
- aa. Grant for increasing use of groups (127)
- bb. Use of volunteer community therapists for pro bono cases (128)
- cc. Program for Male Survivors of Childhood Sexual Abuse(132)
- dd. Internship site for third year psychiatric residents (135)
- ee. Multidisciplinary eating disorder clinic-counselor.
- ff. Special programming for students who were sexually abused as children (174, 196, 251)
- gg. Mentoring program: students matched with others to serve as mentors re emotional support or tutoring (138)

- hh. Collaborative program with Residential Life to develop an "Academic Enhancement Center" (143)
- ii. Crisis simulation training for Student Affairs (147)
- jj. Career Walk-in-Center-staffed by peer counselors (151)
- kk. Shyness Clinic (167)
- ll. Multicultural Programming (126,176)
- mm. Academic Success Support Groups- building student support for each other (187)
- nn. Live supervision graduate training program. (5 interns over 3 semesters; 60 hours for each student) (202)
- oo. Stress Buster Day - several campus offices collaborated (203)
- pp. Outpatient Chemical Dependency Program (205)
- qq. L.D. Support Group - to teach social skills (202)
- rr. Sexual Assault team (202)
- ss. Inhouse capability to print ACT college report and other prescriptive test score reports (179)
- tt. Minority Student Support Group (210,267)
- uu. Student Survival Session at orientation addressing dating violence and alcohol issues (216)
- vv. Male partners of Female Survivors of Sexual Assault (220)
- ww. A satellite program in the Residence Halls (221)
- xx. The Sexual Assault Prevention and Recovery Program (223)
- yy. Helpful faculty and staff nominated by students-receive letter from president, luncheon & invitation to training (224)
- zz. Established "training clinic" in brief therapy (228)
- aaa. Talknet- an innovative Computer Discussion on personal issues-not a bulletin board (revived this year) (281)
- bbb. "Center Watch": senior staff does a weekly review of serious cases. This corresponds to a "Campus Watch" which is done with Student Affairs Dept heads. We're also compiling a report which documents, in qualitative terms, the serious cases we've seen this year. (232)
- ccc. Diversity Training Network; Women's Leadership Project (234)
- ddd. Racial Conflict Management Team (236)
- eee. Workshops in the area of Acquaintance Rape (237)
- fff. Grief/Bereavement Interventions- "First responder" in the wake of campus tragedy (suicide, sudden deaths) (238)
- ggg. Peer Education Program -Sexual Decision Making (239)
- hhh. In conjunction with the Department of Gerontology, we are co-sponsoring a conference on "Cross-cultural Issues in Bereavement" (245)
- iii. "Drinker's Check-up"-one session individual check list to assess drinking behavior and habits (248)
- jjj. Career Showcase For Under represented Populations (249)
- kkk. Peer Leadership Institute-training students in a variety of social issues (254)
- lll. Self Help/Support Group Program (255)
- mmm. Paraprofessional Outreach Practicum for grad and undergrad students (259)
- nnn. Computer Assisted Study Skills (255)
- ooo. Aids Awareness Week, working on "Beyond Condoms" (264)
- ppp. "Twenty Something: Coping With Life After College" (265)
- qqq. Stress Management Group for Clerical staff. 30% of the campus clerical staff asked to participate. (278)



APPENDIX D  
RE: ITEM 34

Projects aimed at student retention

- a. Study Management course (001)
- b. Early warning retention program (064)
- c. Addressing transition needs of all students (006)
- d. Peer counseling program (077,131,153,163,166,199,203,205,224,233,247, 367)
- e. Programs for students on academic probation (013,059,067,086,266)
- f. Athletic Counseling Programs (075,067)
- g. Vigorously contacted every undecided student and encouraged participation in career groups. Excellent results. (030)
- h. A structured summer program for freshmen who do not meet regular admissions criteria (036)
- i. Groups for older students, at-risk. (057)
- j. Withdrawal process starts and ends at the Counseling Center(073)
- k. Administer the College Student Inventory and train faculty in its interpretation. It is designed to increase retention. (084)
- l. Identifying/serving at-risk students; coordinating campus-wide retention/discussion projects (092)
- m. Academic success/study skills programs(030,065,075,168,216,220,221,230,253,255,267)
- n. Freshman Year Programs (005,010,128,061,194,265)
- o. 1st Year Student Orientation and Modular Course targeted at developmental issues; Student's of Color Mentorship Program (106)
- p. A one-day workshop called "Better Ready for College"(111)
- q. Tech (Texas Tech) PRIDE and practicum training to work with minority freshmen (111)
- r. Developing a student survey of noncognitive factors relating to retention (119)
- s. Members of Enrollment Management Task Force (122)
- t. Mentor Program that the Center's Black staff participate in (123)
- u. Report at-risk students to academic deans offices (129)
- v. Psych-educational group for students on academic probation (132)
- w. Offer 45 minute informative lectures in the classrooms (133)
- x. "Super Learning" workshops (134)
- y. College success course (136,238,265)
- z. Test anxiety and test taking and study habits workshops (138)
- aa. Crisis Intervention Program with academic intervention and assistance (141)
- bb. Faculty Advisor Training. Academic Enhancement Center (143)
- cc. (STAR- Student Tracking and Retention Team) Tracking/monitoring team for academically at-risk students; identify early in year and work through team with advisors and other resources. (146)
- dd. Outdoor Freshman orientation program, run by Director of Counseling (154)
- ee. We run a transfer student support group (158)
- ff. Special programming for minority students in academic trouble (34,76,90,176,205,217,233,260,267)
- gg. Active outreach program (157,174,215,217,245)

- hh. Developmental pamphlet series including time management, study skills, perfectionism, etc (167)
- ii. University-wide retention efforts which include: developmental intrusive advising for selected high risk students, fifth week class reporting for such students, peer tutoring, supplemental instruction and other support services. (179)
- jj. Wellness Program; Stress management and biofeedback program (182)
- kk. Research regarding retention vis-a-vis original motivations for university study (183)
- ll. Speech Anxiety and Math Anxiety Workshops co-led by a psychologist and faculty member in Communications and Math (195)
- mm. Our Center sees all students who withdraw during a given term (197)
- nn. Training Freshmen academic advisors in academic and career development issues (202)
- oo. Quality of Student Life task group (203)
- pp. Use a medicine man for weekend retreats (205)
- qq. Working with high risk adults (18,21,36,92,179,220,224,226,236,252)
- rr. Special orientation programs for parents and students (198,237,264)
- ss. Satellite Tutorial Program and Safety Workshops (223)
- tt. Master Student Program (238)
- uu. Personal interviews (done by all Student Affairs Directors) with students who don't pre-enroll for subsequent semester (241)
- vv. I do some personal mentoring of ethnic students on campus. (245)
- ww. An in-depth needs assessment project (247)
- xx. Campus Climate Assessment and intervention with Conciliation Models (277)
- yy. Research project with Physical Therapy Department to identify and program for high risk students (278)

APPENDIX E  
RE: ITEM 61

Some initiatives counselors have taken to respond to clients who have been traumatized by abuse:

- a. Prevention and/or survivor groups (004,020,030,037,040,043,053,054,057,086,092,093,103,106,108,109,111,117,119,121,123,126,132,135,141,147,149,151,154,155,157,159,161,168,172,189,195,196,203,205,209,211,221,222,226,231,251,263,269,278)
- b. Prevention programs in other places on campus (003,007,025,032,034,047,056,081,121,131,155,159,205,212,220,223,249,258,265,269,279)
- c. Opened a Rape Crisis Center(023,106,118)
- d. Student led groups against rape (026,109)
- e. This information now required in freshman seminar (035)
- f. Inservice training developing community referral services (036)
- g. Three day workshop on sexual assault/abuse (044)
- h. One staff member specializes in this area (052,196, 249, 254)
- i. Hope and healing workshops (075)
- j. Formation of trauma committee to design new interventions/programs/policies (075)
- k. Participate in training at local sexual assault center (087)
- l. Developing victims response/assistance programs (114)
- m. Surviving groups for both females and males
- n. Sexual violence program (139)
- o. Develop a sexual harassment and rape prevention program (147)
- p. Collaborative programming with women clients. Hired (in collaboration with other offices) a sexual assault presentation coordinator (167)
- q. Sponsor satellite drama presentation with option for him to deal with traumatic experience (223)
- r. Instituted an interdisciplinary, certified program on child abuse and neglect (244)
- s. Sexual assault advocates program (245)
- t. Sexual abuse victim committee (248)
- u. How a "Reach" center test handles sexual abuse/harassment cases (257)
- v. Sexual assault service (262)
- w. Rape awareness week (265)

APPENDIX F  
RE: ITEM 76

Directors who are willing to make a presentation or offer a workshop on the following topics.

Accountability issues (165)  
 Accreditation issues (126)  
 Addiction therapy (174)  
 Adult survivors of sexual abuse (117, 266, 251)  
 AIDS programming (115)  
 APA internship program in a small college (127)  
 Art and therapy/working with artists (107, 121, 141)  
 Athletes: special counseling needs (037)

Behavioral counseling (188, 250)  
 Bereavement (176)  
 Brief therapy (080, 108, 139, 157, 161, 167, 259)  
 Building a counseling center in a small college (090)

Career counseling/testing (122, 125)  
 Computer usage (063)  
 Conflict resolution (266, 277)  
 Consultation strategies (012, 082)  
 Counseling couples (213)  
 Crisis intervention (076, 092, 132, 147)  
 Cross cultural issues re: clinical intervention and bereavement strategies (245)

Date rape (247)  
 Developmental issues of graduate students (021)  
 Dissociative disorders (259)  
 Dream work (158)  
 Drug and alcohol programming (052, 140, 184, 194, 218, 251)  
 Dual relationships (024, 075)

Eating disorders (075, 188, 217, 245, 251)  
 Ethical/legal issues (075, 092, 198, 266, 268)

Fatal attraction problems (266)

Gay/lesbian/bisexual programming (106, 119, 165)  
 Group therapy/group programming (082, 142, 176, 210, 270)  
 Guided imagery (158)

Humor workshops (167, 266)  
 Hypnosis psychotherapy (202)

Image/neurotic psychology and application to therapy (145)  
 Impaired professionals (208)  
 Intake systems (260)  
 Intimacy issues (218, 255)

Laughter and play (159)  
 Learned helplessness/learned laziness (267)  
 Learning disabled students - working with them (273)  
 Learning skills (136)  
 Learning styles (099)

Management information systems (103, 135)  
 Management issues - general (126, 194, 208, 236)  
 Managing borderline clients (274)  
 Merger issues (004, 186, 200, 211)  
 Multicultural/diversity issues (016, 102, 105, 119, 131, 171, 257)  
 Myers-Briggs workshops (141, 167, 180)

Needs assessment (102, 266)

Outdoor adventure activity as therapy (154)  
 Outplacement counseling (105)  
 Outreach programming (085, 194)  
 Outreach through computer discussion (231)

Panic disorders (076)  
 Participatory management (113)  
 Pathologic gambling (015)  
 Peak performance groups (093)  
 Peer counseling (083, 107, 115, 166, 178, 257)  
 Performance psychology (183)

Personal budgeting (099)  
Personality typology system called the "Enneagram" (111)  
Post-abortion stress (091)  
Problems of the heart (266)  
Problem solving/critical thinking and counseling (187)  
Psychology for women research (186)

Reality therapy (141)  
Records and the FBI (256)  
Responsibility as a therapeutic issue (167)  
ROTC/Gay student conflicts (241)

Sexual abuse/harassment (117, 204, 241, 254, 259)  
Sexual trauma therapy (174)  
Spirituality and counseling (158)  
Stress management (142) for staff (226)  
Substance abuse (022, 211)  
Suicide presentation (106, 127, 157, 213, 217)  
Supervision of cases (006, 092)  
Systems work in counseling centers (012)

Total quality management (082, 158)  
Training the division of student affairs 9147)  
Training issues (075)

Videotape for pre-counseling (089)

Wellness (141, 159, 200, 203)

THE FOLLOWING PAGES CONTAIN DIRECTORIES TO ASSIST YOU IN MATCHING COUNSELING CENTERS WITH THEIR THREE DIGIT IDENTIFICATION NUMBERS. BEGINNING ON THIS PAGE IS AN ALPHABETICAL LISTING BY LAST NAME OF ALL COUNSELING CENTER DIRECTORS. BEGINNING ON PAGE 28, IS A LIST WHICH IS ORGANIZED ALPHABETICALLY BY INSTITUTION NAME. THE LAST LISTING BEGINS ON PAGE 38 AND IS ORGANIZED BY THE THREE DIGIT CODE NUMBER (AT FIRST GLANCE THIS LIST LOOKS TO BE IN ALPHABETICAL ORDER - IT IS NOT.)

ALPHABETIZED LISTING OF PARTICIPANTS  
(DIRECTORY NUMBER FOLLOWS NAME)

ALEXANDER, BEVERLY (264)	DESTEFANO, THOMAS J (074)	JOY, STEPHANY (220)
ALLBRITTEN, BILL (269)	DONN, PATSY A (007)	KAHN, MALCOM (297)
ANTON, WILLIAM D (225)	DORE, PATRICIA (294)	KASHIMA, KATHLEEN J (018)
ARCHER, JAMES JR (128)	DOYLE, MICHAEL (059)	KAZIN, ROBERT (045)
ATKINS, PAM (106)	DURN, DAVID J (164)	KEANE, JERI (146)
ATKINSON, M BERNARD (251)	DePALMA, DIANE (234)	KESLER, MARY (185)
AUSTIN, KEVIN P (256)	DePAUW, MARY E (216)	KING, BRADFORD (161)
AZAR, JAMES (84)	DINUZZO, THERESA (289)	KIRACOFE, NORMAN M (242)
AUBUCHON, JAMES (230)	EASTON, BOB (178)	KIRTS, DONALD K (279)
BACKELS, STEVE (227)	EHRENWORTH, JONATHAN (95)	KISSINGER, R DAVID (103)
BACKNER, BURTON (240)	ERSKINE, CHARLENE G (024)	KLUKKEN, P GARY (190)
BAKER, BRUCE (270)	EVERHART, DEBORAH (148)	KNOTT, GENE (250)
BARCLAY, ROSALYN L (231)	FAGER, LEE (069)	KRANZ, PETER L (033)
BARKER, ANITA (276)	FLAX, HENRY S (071)	LAROSSA, VIRGINIA (085)
BARRETT, BARBARA M (223)	FOGLE, DALE (183)	LEDDICK, GEORGE (050)
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BECK, DAVID (127)	FRASER, BONNIE (186)	LEWIS, JOANNE (124)
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055	KENYON COLLEGE	130	UNIV HOUSTON - CLEAR LAKE	205	UNIV OF SOUTH DAKOTA
056	LASALLE UNIVERSITY	131	UNIV HOUSTON - DOWNTOWN	206	McMASTER UNIVERSITY
057	LEWIS & CLARK COLLEGE	132	UNIV OF IOWA	207	WESTERN MARYLAND COLLEGE
058	LORAS COLLEGE	133	UNIV OF LOUISVILLE	208	UNIV OF GEORGIA
059	LOYOLA MARYMOUNT UNIV	134	UNIV OF MAINE	209	SAM HOUSTON STATE UNIV
060	MANHATTAN COLLEGE	135	UNIV OF MARYLAND BALT. CO	210	LEHIGH UNIVERSITY
061	MANSFIELD UNIVERSITY	136	UNIV OF MARYLAND MUNICH	211	FROSTBURG STATE UNIV
062	MARIETTA COLLEGE	137	UMASS AMHERST	212	SALEM STATE COLLEGE
063	MARQUETTE UNIVERSITY	138	UNIV OF MICHIGAN-DEARBORN	213	ILLINOIS INSTITUTE TECH
064	MEMORIAL UNIVERSITY OF NF	139	UNIV OF MINNESOTA	214	UNIV OF CALIF - RIVERSIDE
065	MERCY COLLEGE	140	UNIV OF MINN - MORRIS	215	DRURY COLLEGE
066	MIAMI UNIVERSITY	141	UNIV OF MISSISSIPPI	216	ST MARY'S COLLEGE
067	MIDDLE TENNESSEE STATE U	142	UNIV OF MISSOURI-COLUMBIA	217	MOUNT UNION COLLEGE
068	MILLERSVILLE UNIVERSITY	143	UNIV OF MISSOURI	218	UNIV OF ILLINOIS-CHICAGO
069	MISSISSIPPI STATE UNIV	144	UNIV OF NEVADA - LAS VEGAS	219	UNIV OF CINCINNATI
070	NEW MEXICO STATE UNIV	145	UNIV OF NEVADA - RENO	220	WESTERN ILLINOIS UNIVER.
071	NEW YORK UNIV - SEHNAP	146	UNIV OF NEW ENGLAND	221	UNIV OF WISCONSIN-MADISON
072	NC CENTRAL UNIVERSITY	147	UNIV OF NEW HAMPSHIRE	222	SYRACUSE UNIVERSITY
073	NORTH GEORGIA COLLEGE	148	UNIV OF NEW HAVEN	223	FLORIDA A&M UNIVERSITY
074	NORTHERN ARIZONA UNIV	149	UNIV OF NEW MEXICO	224	METRO STATE COL OF DENVER
075	NORTHERN ILLINOIS UNIV	150	UNIV N CAROLINA-CHARLOTTE	225	UNIV OF SOUTH FLORIDA

226 UNIV OF IDAHO  
227 PENN STATE U - HARRISBURG  
228 UNIV MISSOURI-KANSAS CITY  
229 KEAN COLLEGE  
230 PITTSBURG STATE UNIV  
231 EASTERN MICHIGAN UNIV  
232 CARNEGIE MELLON UNIV  
233 UNIV MISSOURI - ST LOUIS  
234 GEORGE WASHINGTON UNIV  
235 ELIZABETHTOWN COLLEGE  
236 ILLINOIS STATE UNIVERSITY  
237 WILDENER UNIVERSITY  
238 UNIV OF KENTUCKY  
239 GLASSBORO STATE COLLEGE  
240 QUEENS COLLEGE CUNY  
241 UNIV OF TAMPA  
242 WESTERN MICHIGAN UNIV  
243 UNIV OF OKLAHOMA  
244 TEMPLE UNIVERSITY  
245 UNIV OF PORTLAND  
246 UNIV OF CENTRAL ARKANSAS  
247 SIMON FRASER  
248 VIRGINIA TECH  
249 WASHBURN UNIVERSITY  
250 UNIV OF RHODE ISLAND  
251 LOUISIANA STATE UNIV  
252 SOUTHERN TEXAS ST UNIV  
253 EMBRY-RIDDLE AERO UNIV  
254 CSU FULLERTON  
255 UNIV ILLINOIS -CHAMPAIGN  
256 CALIF INSTITUTE OF TECH  
257 VASSAR COLLEGE  
258 RUSH UNIVERSITY  
259 SOUTHERN ILL. UNIVERSITY  
260 UNIV OF MICHIGAN  
261 ST OLAF COLLEGE  
262 INDIANA UNIVERSITY  
263 PURDUE UNIVERSITY  
264 UNIV OF TEXAS-SAN ANTONIO  
265 IONA COLLEGE  
266 UNIV OF PITTSBURGH  
267 JAMES MADISON UNIVERSITY  
268 SOUTHERN METHODIST UNIV  
269 MURRAY STATE UNIVERSITY  
270 DARTMOUTH COLLEGE  
271 EMMANUEL COLLEGE  
272 BOISE STATE UNIVERSITY  
273 ST MARY'S UNIVERSITY  
274 WASHINGTON STATE UNIV  
275 COLLEGE OF THE HOLY CROSS  
276 BERE A COLLEGE  
277 SONOMA STATE UNIVERSITY  
278 NORTHEASTERN UNIVERSITY  
279 LAFAYETTE COLLEGE  
280 YOUNGSTOWN STATE UNIV  
281 ST EDWARD'S UNIVERSITY  
282 WESTERN CAROLINA UNIV  
283 GLENDON COLLEGE (YORK U.)  
284 CLARION UNIV OF PA  
285 BOSTON UNIVERSITY  
286 RHODE ISLAND COLLEGE  
287 CAL STATE UNIV LA  
288 BENEDICTINE COLLEGE  
289 AMERICAN UNIVERSITY  
290 GUIDFORD COLLEGE  
291 SANTA CLARA UNIVERSITY  
292 MANKATO STATE UNIVERSITY  
293 CENTRAL MISSOURI STATE U  
294 ROOSEVELT UNIVERSITY  
295 WHITTIER COLLEGE  
296 QUINNIPIAC COLLEGE  
297 UNIV OF MIAMI  
298 CENTRAL CT STATE COLLEGE  
299 UNIV OF UTAH  
300 WEBER STATE UNIVERSITY  
301 FRAMINGHAM STATE UNIV

